

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004370

1. Entity Name

THE JEFFERSONIAN SOCIETY, INC.

**FILED**  
May 23, 2002 8:00 am  
Secretary of State

05-23-2002 90031 002 \*\*\*\*61.25

Principal Place of Business

5201 ATLANTIC BLVD #192  
JACKSONVILLE FL 32207

Mailing Address

5201 ATLANTIC BLVD #192  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1731593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELAFOUNTAIN, CHARLES  
5201 ATLANTIC BLVD #192  
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME DELAFOUNTAIN, CHARLES  
STREET ADDRESS 5201 ATLANTIC BLVD #192  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME GUTTERIDGE, J LEE JR  
STREET ADDRESS 3634 FORMOSA DR  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition  
NAME Jason Hudson  
STREET ADDRESS 6930 Whispering Oaks Circle  
CITY-ST-ZIP Jacksonville, FL 32211

TITLE ☐ Delete  
NAME FRANCISCO, KRISTOFFER JR  
STREET ADDRESS 11131 OAK RIDGE DR SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME REDLINGER, SONNY  
STREET ADDRESS 8063 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME JUST, USA  
STREET ADDRESS 10135 GATE PKWY N #1505  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☒ Change ☒ Addition  
NAME Thomas Merrill  
STREET ADDRESS 4621 E. Robinson Rd.  
CITY-ST-ZIP Bloomington, IN 47408

TITLE ☐ Delete  
NAME HARRIS, ROSALEE  
STREET ADDRESS 5201 ATLANTIC BLVD 192  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles DeLaFontaine*

April 26, 2002 (904) 396-2718

CR2E037 (9/01)