

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000006723**

1. Entity Name

CAREY BISHOP FOUNDATION, INC.**FILED****Mar 25, 2002 8:00 am**
Secretary of State

03-25-2002 90081 033 *****61.25

Principal Place of Business

Mailing Address

**2344 BAREFOOT TRACE
ATLANTIC BEACH FL 32233****2344 BAREFOOT TRACE
ATLANTIC BEACH FL 32233**

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

31-1743798

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****BISHOP, JAMES A
2344 BAREFOOT TRACE
ATLANTIC BEACH FL 32233**

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 \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, JAMES A 2344 BAREFOOT TRACE ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, CHARLOTTE P 2344 BAREFOOT TRACE ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, STEVEN A 2344 BAREFOOT TRACE ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer and Director Curt Cunkle 1301 Riverplace Boulevard, Suite 200 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jake Peek One Independent Drive, Suite 2600 Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Fletcher 672 Ocean Boulevard Atlantic Beach, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:**SIGNATURE REQUIRED****2/17/02 904-241-0575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FISHER, TOUSEY, LEAS & BALL

ATTORNEYS AT LAW

ONE INDEPENDENT DRIVE, SUITE 2600

JACKSONVILLE, FLORIDA 32202

TELEPHONE (904) 356-2600 • FAX (904) 355-0233

JOHN S. BALL*

KRISTA W. BIRR

JULIE EXUM BREUER

ROBERT A. DAWKINS**

MICHAEL W. FISHER **

BEVERLY H. FURTICK**

MICHAEL J. IVAN, JR.

JOHN E. LAWLOR, III

MICHAEL R. LEAS*

J. BROOKE MATHESON

ROBERT N. MILLER

J. JACOB R. PEEK

MARY A. ROBISON ***

CLAY B. TOUSEY, JR.**

PLEASE REPLY TO:

JACKSONVILLE OFFICE

818 NORTH A1A, SUITE 104

PONTE VEDRA BEACH, FLORIDA 32082

(904) 285-2601

- * FLORIDA BAR BOARD CERTIFIED TAX LAW
- ** FLORIDA BAR BOARD CERTIFIED WILLS, TRUSTS & ESTATES LAW
- *** FLORIDA BAR BOARD CERTIFIED REAL ESTATE LAW

February 13, 2002

James A. Bishop
2344 Barefoot Trace
Atlantic Beach, FL 32233

Dear Jim:

I enclose a draft of a 2002 Uniform Business Report for the Carey Bishop Foundation. Please review the form for accuracy and sign where indicated. Mail the executed form along with a Foundation check payable to the Florida Department of State in the amount of \$61.25. Please send me a copy of the signed form for our files. I enclose envelopes for your convenience.

Call me if you have any questions or corrections.

Sincerely,

J. Jacob R. Peek

JJP:je
Enclosures

cc: Curt Cunkle
6392

Attachment

Doct

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Attachment +
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Mike Waters 1849 Beachside Court Atlantic Beach, FL 32233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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