

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00735

1. Entity Name

RANDOLPH R. THOMAS FOUNDATION, INC.

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90002 030 ****61.25

Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD
STE 2640 RIVERPLACE TOWER
JACKSONVILLE FL 32207
US

1301 RIVERPLACE BLVD
STE 2640 RIVERPLACE TOWER
JACKSONVILLE FL 32207-9047
US

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

59-2468828

Applied For

Not Applied For

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

KENNETH G. ANDERSON, ESQ.
1301 RIVERPLACE BLVD
SUITE 2640, RIVERPLACE TOWER
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
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
THOMAS, OLENE A.(TRUSTEE
349 PONTA VEDRA BLVD.
PONTA VEDRA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TP
WRIGHT, BARBARA
128 KINGFISHER DR.
PONTE VEDRA BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
THOMAS A WRIGHT
128 KINGFISHER DR.
PONTE VEDRA BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 4, 2000

904-273-6264