

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000134

1. Entity Name

ELIZA AND HUGH CULVERHOUSE FAMILY FOUNDATION, IN C.

Principal Place of Business

Mailing Address

1548 LANCASTER TERRACE
JACKSONVILLE FL 32204

1548 LANCASTER TERRACE
JACKSONVILLE FL 32204

2. Principal Place of Business

3. Mailing Address

ONE BISCAYNE TOWER ONE BISCAYNE TOWER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3599

SUITE 3599

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33131

USA

33131

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONNETTE, HARRIS L ESQ.
1548 LANCASTER TERRACE
JACKSONVILLE FL 32204

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	HUGH F. CULVER HOUSE
STREET ADDRESS		STREET ADDRESS	ONE BISCAYNE TOWER SUITE 3599
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL. 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	ELIZA P. CULVER HOUSE
STREET ADDRESS		STREET ADDRESS	ONE BISCAYNE TOWER SUITE 3599
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL. 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Thomas K. Purcell
STREET ADDRESS		STREET ADDRESS	1548 LANCASTER TERRACE
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL. 32204
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	HUGH F. CULVER HOUSE
STREET ADDRESS		STREET ADDRESS	ONE BISCAYNE TOWER SUITE 3599
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL. 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	SECRETARY/TREASURER (ST)
STREET ADDRESS		STREET ADDRESS	ELIZA P. CULVER HOUSE
CITY-ST-ZIP		CITY-ST-ZIP	ONE BISCAYNE TOWER SUITE 3599
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature]

3/4/02

305.371-3600

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90021 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)