

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91488 011 \*\*\*\*61.25

**DOCUMENT # N01000007239**

1. Entity Name

**JOEL P. PARKER FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1841 CR 209-B  
 GREEN COVE SPRINGS FL

1841 CR 209-B  
 GREEN COVE SPRINGS FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1841 CR 209-B

Suite, Apt. #, etc.

Green Cove Springs, FL

City & State

Green Cove Springs, FL

City & State

Green Cove Springs, FL

Zip

32043

Country

USA

Zip

Green Cove Springs, FL

Country

Green Cove Springs, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, C.F., SR

1841 CR 209-B

GREEN COVE SPRINGS FL

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 DP  
 STREET ADDRESS PARKER, C.F. SR  
 CITY-ST-ZIP 1841 CR 209-B  
 GREEN COVE SPRINGS FL

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

TITLE ☐ Delete  
 NAME DVST  
 STREET ADDRESS PARKER, JENNIFER  
 CITY-ST-ZIP 1841 CR 209-B  
 GREEN COVE SPRINGS FL

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PARKER, REGINA  
 CITY-ST-ZIP 1841 CR 209-B  
 GREEN COVE SPRINGS FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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:

C. F. Parker, R.A.

3-1502

904 284 0618

Date

Daytime Phone #

CR2E037 (9/01)