

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007408

1. Entity Name

PRESTI STEWART FOUNDATION, INC.

FILED

May 07, 2002 8:00 am  
Secretary of State

05-07-2002 90358 018 \*\*\*\*61.25

80089633



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4460 HODGES BOULEVARD, #620  
JACKSONVILLE FL 32224

4460 HODGES BOULEVARD, #620  
JACKSONVILLE FL 32224

2. Principal Place of Business

13700 SUTTON PARK DR. N.

3. Mailing Address

13700 SUTTON PARK DR. N.

Suite, Apt. #, etc.

#111

Suite, Apt. #, etc.

#111

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32224

Country

DUVAL

Zip

32224

Country

DUVAL

4. FEI Number

03-0379415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ROBERT E  
4460 HODGES BOULEVARD, #620  
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name: ROBERT E. JACKSON

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

13700 SUTTON PARK DRIVE N.

SUITE #111

City

JACKSONVILLE

FL

Zip Code

32224

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

TITLE: C/D  
NAME: BARBARA PRESTI  
STREET ADDRESS: 8400 ESTERO BLVD. APT #1100  
CITY-ST-ZIP: FORT MYERS BEACH, FL 33931

TITLE: P/D  
NAME: ROBERT E. JACKSON  
STREET ADDRESS: 13700 SUTTON PARK DR. N., #111  
CITY-ST-ZIP: JACKSONVILLE, FL 32224

TITLE: S/T/D  
NAME: ROBERT E. JACKSON  
STREET ADDRESS: 13700 SUTTON PARK DR. N., #111  
CITY-ST-ZIP: JACKSONVILLE, FL 32224

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

CR2E037 (9/01)

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:

ROBERT E. JACKSON 4/22/02 904-223-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9422