2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000008889

1. Entity Name

REPA FOUNDATION, INC.



FILED

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90479 027 ****61.25

Principal Place of Business Mailing Address 3491 PALL MALL DRIVE. SUITE 201-B 3491 PALL MALL DRIVE, SUITE 201-B 60023174 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 90 - 006ZZ88 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAND, EVERETT N Street Address (P.O. Box Number is Not Acceptable) 3491 PALL MALL DRIVE, SUITE 201-B JACKSONVILLE FL 32257 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME CASADABAN, EUGENE J NAME STREET ADDRESS **PO BOX 280** STREET ADDRESS CITY-ST-ZIP NORWOOD LA 70761 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F HOLLAND, EVERETT N NAME NAME STREET ADDRESS 1112 KINGSLAND COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL-32259 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BRILLAUD, ALBERT E NAME NAME STREET ADDRESS 2531 CROSS COUNTRY DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DAYTONA BEACH FL 32124 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WANTER REVERENCE ON HOLLAND 4-12-2003 (904) 465-3286

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