

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90358 011 \*\*\*\*61.25

**DOCUMENT # N06416**

1. Entity Name

**GEORGE M. COHEN FOUNDATION, INC.**

Principal Place of Business

Mailing Address

2000-1 HENDRICKS AVENUE  
 STE #61  
 JACKSONVILLE FL 32207

2000-1 HENDRICKS AVENUE  
 STE #61  
 JACKSONVILLE FL 32207

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

**59-2469069**

Applied For

Not Applicable

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

HULL, DAVID J

*225 W. Water St.*

~~227 SOUTH CALHOUN STREET~~  
 TALLAHASSEE FL 32301

~~227 SOUTH CALHOUN STREET~~  
 Jacksonville, FL 32202

*Suite 1800*

Name

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

32202

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	PTD COHEN, CAROLYN WILSON 8265 BAYBERRY ROAD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DAVID MUNRO 4615 ASTRAL DRIVE JACKSONVILLE FL 32205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, RALPH N III 8265 BAYBERRY ROAD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HULL, DAVID J 227 SOUTH CALHOUN ST. TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED 3-24-01*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Carolyn Wilson Cohen

*904-398-8881*

Date

Daytime Phone #

CR2E037 (10/00)