

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90156 019 \*\*\*150.00

**DOCUMENT # N17557**

1. Entity Name

**THE PETWAY FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

C/O FRED H. STEFFEY  
 6200 SOUTHPOINT DR., SOUTH. #300  
 JACKSONVILLE FL 32216

C/O FRED H. STEFFEY  
 6200 SOUTHPOINT DR., SOUTH. #300  
 JACKSONVILLE FL 32216

00011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2735054**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEFFEY, FRED H.**  
**300 SOUTHPOINT BLDG.**  
**6220 SOUTHPOINT DR. S.**  
**JACKSONVILLE FL 32216**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PETWAY, THOMAS F. III	2727 ATLANTIC BLVD.	JACKSONVILLE FL 32207	<input type="checkbox"/>
D	PETWAY, ELIZABETH P.	2727 ATLANTIC BLVD.	JACKSONVILLE FL	<input type="checkbox"/>
D	PETWAY, THOMAS IV	2727 ATLANTIC BLVD.	JACKSONVILLE FL 32207	<input type="checkbox"/>
D	SEARS, BRETTE E.	2727 ATLANTIC BLVD.	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Petway, Thomas F. III	5011 oak Parkway, Ste 150	Jacksonville, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Petway, Elizabeth P.	5011 oak Parkway, Ste 150	Jacksonville, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Petway, Thomas IV	5011 oak Parkway, Ste 150	Jacksonville, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	PETWAY, BRETTE E.	5011 oak Parkway, Ste 150	Jacksonville, FL 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

904 398-3907

Date

Daytime Phone #

CR2E037 (10/00)