

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18107

1. Entity Name

LAWRENCE L. AND BARBARA G. JAFFE FAMILY FOUNDATI

Principal Place of Business

Mailing Address

5991 CHESTER AVE  
STE 104  
JACKSONVILLE FL 32217  
US

% MICHAEL N. SCHNEIDER  
4215 SOUTHPOINT BLVD., SUITE 100  
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

5150 Belfort Road

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Building 300

Suite, Apt. #, etc.

+

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

32256

Zip

Country

32255

4. FEI Number

59-2743125

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

SCHNEIDER, MICHAEL N.  
4215 SOUTHPOINT BLVD., SUITE 100  
JACKSONVILLE FL 32216

Name  
Michael N. Schneider

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

5150 Belfort Road

Building 100

City

Jacksonville

FL

Zip Code

32256

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 PD  
NAME JAFFE, LAWRENCE L.  
STREET ADDRESS 5991 CHESTER AVE, STE 104  
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE VS  
NAME JAFFE, BARBARA G.  
STREET ADDRESS 5991 CHESTER AVE, STE 104  
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE TD  
NAME JAFFE, BARBARA G.  
STREET ADDRESS 5991 CHESTER AVE, STE 104  
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE D  
NAME GEFEN, SIDNEY J.  
STREET ADDRESS 5991 CHESTER AVE, STE 104  
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

5150 Belfort Road #300  
Jax, FL 32256

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

☐ Change ☐ 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 OF OFFICER OR DIRECTOR

2/16/00

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE