

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18530

1. Entity Name

TALPALAR FAMILY FOUNDATION, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90130 049 ****61.25

Principal Place of Business

2229 SMULLIAN TR
JACKSONVILLE FL 32216
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

4. FEI Number

59-2758034

Applied For

Not Applicable

Zip

Country

Zip

Country

32255

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Michael N. Schneider

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

3150 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

3/15/00

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 PDS
NAME TALPALAR, BEN
STREET ADDRESS 2229 SMULLIAN TRAIL
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE VD
NAME TALPALAR, MARK
STREET ADDRESS 2229 SMULLIAN TRAIL
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE D
NAME TALPALAR, JOAN G.
STREET ADDRESS 2229 SMULLIAN TRAIL
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE T
NAME TALPALAR, BEN
STREET ADDRESS 2229 SMULLIAN TRAIL
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/00 904/731 4177

CR2E037 (9/99)