

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18530

1. Entity Name

TALPALAR FAMILY FOUNDATION, INC.

Principal Place of Business

2229 SMULLIAN TR
JACKSONVILLE FL 32216
US

Mailing Address

P.O. BOX 551260
JACKSONVILLE FL 32255

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

59-2758034

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
3750 BELFORT RD. BLDG#100
JACKSONVILLE FL 32256

Name Michael 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]

3/14/2001

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90176 034 ****61.25

C0034066



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)