

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22825

1. Entity Name

THE ELIDA STEPHENSON FOUNDATION, INC.

Principal Place of Business

P.O. BOX 376  
C/O NORMAN H. STEPHENSON  
LAKE BUTLER FL 32054-0376  
US

Mailing Address

P.O. BOX 376  
C/O NORMAN H. STEPHENSON  
LAKE BUTLER FL 32054-0376  
US

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 59-2859618

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

STEPHENSON, NORMAN H.  
650 S.E. 2ND STREET  
PO BOX 376  
LAKE BUTLER FL 32054-0376

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  
After September 12, 2001, min. will be \$236.25

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 D ☐ Delete  
NAME STEPHENSON, NORMAN H.  
STREET ADDRESS 650 SE 2ND STREET  
CITY-ST-ZIP LAKE BUTLER FL

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

TITLE D ☐ Delete  
NAME STEPHENSON, EDWARD JOE  
STREET ADDRESS 650 SE 2ND STREET  
CITY-ST-ZIP LAKE BUTLER FL

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

TITLE D ☐ Delete  
NAME STEPHENSON, ROXANNE  
STREET ADDRESS 650 SE 2ND STREET  
CITY-ST-ZIP LAKE BUTLER FL

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

TITLE D ☐ Delete  
NAME DOUGLASS, JO ANN  
STREET ADDRESS 650 SE 2ND STREET  
CITY-ST-ZIP LAKE BUTLER 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:

*Norman H. Stephenson* REQUIRED

8/20/01

FILED  
Aug 21, 2001 8:00 am  
Secretary of State

08-21-2001 90035 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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