

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N34938**

1. Entity Name

OTIS F. SMITH FOUNDATION, INC.**FILED**
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90111 007 ****61.25

0013615

Principal Place of Business

**1 SAN JOSE PLACE
SUITE 35
JACKSONVILLE FL 32257
US**

Mailing Address

**1 SAN JOSE PLACE
SUITE 35
JACKSONVILLE FL 32257
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2979135

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

**JACOBS, ANDREW T
1 SAN JOSE PLACE
SUITE 35
JACKSONVILLE FL 32257**

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	MD	<input type="checkbox"/> Delete
NAME	JACOBS, ANDREW T	
STREET ADDRESS	1 SAN JOSE PL STE 35	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, OTIS F	
STREET ADDRESS	1 SAN JOSE PL. STE. 35	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, EMILY	
STREET ADDRESS	2767 FOREST CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	STOUT, WILL	
STREET ADDRESS	8120 NATIONS WAY STE 202	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SHREVE, MIKE	
STREET ADDRESS	7540 FOUNDERS WAY	
CITY-ST-ZIP	PONTE VEDRA FL 32082	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FORRESTER, JOHN	
STREET ADDRESS	7800 BELFORT PARKWAY, STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)