

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90044 027 ****70.00

DOCUMENT # N34938

1. Entity Name
OTIS F. SMITH FOUNDATION, INC.



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**

40003173



☒ CHECK HERE IF MAKING CHANGES

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 **James T. Murphy**
Street Address (P.O. Box Number is Not Acceptable)
**One San Jose Place
Suite 35**
City **Jacksonville** FL Zip Code **32257**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James T. Murphy*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-6-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MD** ☒ Delete
NAME **JACOBS, ANDREW T**
STREET ADDRESS **1 SAN JOSE PL STE 35**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **MD** ☐ Change ☒ Addition
NAME **James T. Murphy**
STREET ADDRESS **1 San Jose Place, Suite 35**
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **D** ☐ Delete
NAME **SMITH, OTIS F**
STREET ADDRESS **1 SAN JOSE PL. STE. 35**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **D** ☐ Delete
NAME **SMITH, EMILY**
STREET ADDRESS **2767 FOREST CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **D** ☐ Delete
NAME **STOUT, WILL**
STREET ADDRESS **8120 NATIONS WAY STE 202**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **D** ☐ Delete
NAME **SHREVE, MIKE**
STREET ADDRESS **7540 FOUNDERS WAY**
CITY-ST-ZIP **PONTE VEDRA FL 32082**

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

TITLE **D** ☐ Delete
NAME **FORRESTER, JOHN**
STREET ADDRESS **7800 BELFORT PARKWAY, STE 100**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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: *James T. Murphy* **REQUIRED**

1-6-03 904-880-6847

CR2E037 (10/02)