2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # N9200000745 1. Entity Name THE LAURA RIDING JACKSON HOME PRESERVATION FOUND 01-19-2000 90249 017 ****61.25 Principal Place of Business Mailing Address 1327 N CENTRAL AVE 1327 N CENTRAL AVE SEBASTIAN FL 32958-1607 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3160354 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. "Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VAN DE VOORDE, RENE G 1327 N CENTRAL AVE SEBBASTIAN FL 32958 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. 10 VD ☐ Addition ☐ Change ☐ Defete TITLE TITLE TERRY, CHARLOTTE NAME NAME STREET ADDRESS STREET ADDRESS 5070 N. A1A CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL □ Change ☐ Addition TITLE PSD Delete TITLE NAME VAN DE VOORDE, RENE G NAME STREET ADDRESS STREET ADDRESS 1327 N CENTRAL AVE CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL ☐ Change ☐ Addition TITLE Delete TITLE **GREG SMITH** NAME STREET ADDRESS 3220 25 ST. S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE TD LARKIN, LYNNE NAME 831 CAMELIA LANE STREET ADDRESS STREET ADDRESS 2915 EAGLE DRIVE 32963 CITY-ST-ZIP CITY-ST-ZIP VERO BCH. FL 32963 ☐ Change ☐ Addition Delete TITLE TITLE **BOWMAN, MARGARET** NAME NAME STREET ADDRESS STREET ADDRESS 9420"- 52 CT. CITY-ST-ZIP CITY-ST-ZIP WABASSO FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME JONES, ELLIOTT NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

480 -: 10TH AVE.

VERO BEACH FL

STREET ADDRESS

CITY-ST-ZIP



1/5/00

561-589-4353

Daytime Phone #