

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004910

1. Entity Name

FOSTER GRANDPARENT PROGRAM OF JACKSONVILLE ADVIS

Principal Place of Business

Mailing Address

150 E FIRST STREET  
JACKSONVILLE FL 32206

150 E FIRST STREET  
JACKSONVILLE FL 32206-5002

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

59-3296277

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

GRISSETT-MACON, SHAREL  
150 E FIRST STREET  
JACKSONVILLE FL 32206

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

*Sharel Grissett-Macon* Sharel Grissett-Macon

5/3/00

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 PD ☐ Delete  
NAME PARKER, DIANNE  
STREET ADDRESS 924 CRESSWELL LANE W.  
CITY-ST-ZIP JACKSONVILLE FL 32221

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

TITLE VD ☒ Delete  
NAME OWENS-THOMPSON, JAYNE  
STREET ADDRESS 4019 BLVD CENTER DR BLDG 8  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME Betty Huelster  
STREET ADDRESS 128 Forsyth Street  
CITY-ST-ZIP Jacksonville, FL 32202

TITLE STD ☒ Delete  
NAME HARRELL, MONICA  
STREET ADDRESS 1245 ROWE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition  
NAME Derrick L. Lomas  
STREET ADDRESS P.O. Box 19183  
CITY-ST-ZIP Jacksonville, FL 32245

TITLE D ☒ Delete  
NAME THOMPSON, JAYNE O  
STREET ADDRESS 100 FESTIVAL PARK AVE  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☒ Change ☐ Addition  
NAME Tamer L. Britton  
STREET ADDRESS 1010 McDuff Ave.  
CITY-ST-ZIP Jacksonville, FL 32254

TITLE D ☐ Delete  
NAME RUTH, JAMES A  
STREET ADDRESS DUVAL COUNTY COURTHOUSE  
CITY-ST-ZIP JACKSONVILLE FL 32202

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:

*Sharel Grissett-Macon* Sharel Grissett-Macon

5/3/00 (904) 630-5450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)