

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003731

1. Entity Name

THE DELORES PASS KESLER FOUNDATION, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90038 050 ****61.25

Principal Place of Business	Mailing Address
9700 PHILIPS HWY #101 JACKSONVILLE FL 32256 US	9700 PHILIPS HWY #101 JACKSONVILLE FL 32256-1344 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3391143**

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

GARTNER, W A
1660 PRUDENTIAL DRIVE #203
JACKSONVILLE FL 32207-8185

7. Name and Address of New Registered Agent

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

TITLE	D	☐ Delete
NAME	KESLER, DELORES	
STREET ADDRESS	9700 PHILIPS HWY #101	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ Delete
NAME	PASS, DEBORAH	
STREET ADDRESS	9700 PHILIPS HWY #101	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	☐ Delete
NAME	PASS, MARK	
STREET ADDRESS	9700 PHILIPS HWY #101	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 901 996 7082