

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700001277

1. Entity Name

Shugar Family Foundation, Inc.

Principal Place of Business

Mailing Address

555 N. Byron Butler Prky. 555 N. Byron Bulter
Perry, FL 32347 Parkway,
Perry, FL 32347

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

59-3449189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAR 28 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Joel K. Shugar, M.D.
1211 N. Center St.
Perry, FL 32347

Name Gary A. Shipman

Street Address (P.O. Box Number is Not Acceptable)

City 215 S. Monroe St., Second Floor
Tallahassee FL 32301

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 PD
NAME Shugar, Joel K. MD ☐ Delete
STREET ADDRESS 555 N. Byron Butler Prky.
CITY-ST-ZIP Perry, FL 32347

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

TITLE VSD
NAME Shugar, Michelle ☐ Delete
STREET ADDRESS 555 N. Byron Bulter Prky.
CITY-ST-ZIP Perry, FL 32347

TITLE VD/T ☒ Change ☐ Addition
NAME Shugar, Michelle
STREET ADDRESS 555 N. Byron Butler Prky.
CITY-ST-ZIP Perry, FL 32347

TITLE COO ☒ Delete
NAME Bridgeman, Scott
STREET ADDRESS 555 N. Byron Butler Prky.
CITY-ST-ZIP Perry, FL 32347

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400003959634--7
CITY-ST-ZIP -04/04/01--01036--024
*****61.25 *****61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Shipman, Gary A.
STREET ADDRESS 555 N. Byron Butler Prky.
CITY-ST-ZIP Perry, FL 32347

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)