

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003708

1. Entity Name

MATTHEW M. AND REGINA A. MCDOWELL FAMILY FOUNDAT

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90073 041 \*\*\*\*61.25

Principal Place of Business

2805 -D322 NW 83RD STREET  
GAINESVILLE FL 32-6069

Mailing Address

P O BOX 6228  
LAKE WORTH FL 33466  
US

2. Principal Place of Business

8100 NW 27th Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lake House D; Apt. D-322

City & State  
Gainesville, FL

City & State

4. FEI Number

65-0785518

Applied For

Not Applicable

Zip  
32606

Country  
USA

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

FORBES, PHILIP H  
11382 PROSPERITY FARMS RD  
SUITE 227  
PALM BEACH GARDENS FL 33410

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME MCCONAHY, LINDA  
STREET ADDRESS 1115 HIBISCUS AVENUE  
CITY-ST-ZIP LEHIGH ACRES FL 33936-8402

TITLE President/Director ☐ Change ☒ Addition  
NAME Regina A. McDowell  
STREET ADDRESS Lake House D; #D-322  
CITY-ST-ZIP 8100 NW 27 Blvd, Gainesville, FL 32606

TITLE D ☐ Delete  
NAME VANCE, SUSAN  
STREET ADDRESS 429 GREYSTONE TERRACE  
CITY-ST-ZIP ATHENS GA 30606

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

TITLE D ☐ Delete  
NAME CHANCEY, SUSAN  
STREET ADDRESS 408 CHEYENNE DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33462

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

TITLE D ☐ Delete  
NAME FORBES, PHILIP H  
STREET ADDRESS 11382 PROSPERITY FARMS RD STE 227  
CITY-ST-ZIP NORTH PALM BEACH FL 33410

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

TITLE D ☐ Delete  
NAME FRANCISCO, CURT  
STREET ADDRESS 2141 S ALT A1A STE 400  
CITY-ST-ZIP JUPITER FL 33477

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

TITLE D ☐ Delete  
NAME GRIFFIN, NANCY  
STREET ADDRESS P.O. BOX 14190 N/A  
CITY-ST-ZIP GAINESVILLE FL 32604-2190

TITLE Director ☒ Change ☐ Addition  
NAME Nancy Griffin  
STREET ADDRESS 5116 SW 94th Street  
CITY-ST-ZIP Gainesville, FL 32608-4177

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: Susan D. Chancey, Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

Daytime Phone #

CR2E037 (10/00)