

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005672

1. Entity Name

JACK AND NORMA SUE WILLIAMS FAMILY FOUNDATION, I

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90074 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

701 RIO LINDO DR.  
 JACKSONVILLE FL 32207

701 RIO LINDO DR.  
 JACKSONVILLE FL 32207-5217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3472591

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

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N  
 4215 SOUTHPOINT BLVD., STE. 100  
 JACKSONVILLE FL 32216

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 **DP** ☐ Delete  
 NAME **WILLIAMS, JACK**  
 STREET ADDRESS **701 RIO LINDO DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **DST** ☐ Delete  
 NAME **WILLIAMS, NORMA S**  
 STREET ADDRESS **701 RIO LINDO DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **DV** ☐ Delete  
 NAME **ASKEW, PHYLLIS L**  
 STREET ADDRESS **1405 GLENVIEW DR.**  
 CITY-ST-ZIP **BRENTWOOD TN 37027**

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

TITLE **DV** ☐ Delete  
 NAME **MAYES, LISA M**  
 STREET ADDRESS **106 OAKLAND TRACE**  
 CITY-ST-ZIP **MADISON AL 35758**

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

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:

*John H. Williams*  
 SIGNATURE REQUIRED

Date

Daytime Phone #

*4/3d00*

*(904) 346-1500*

CR2E037 (9/99)