




FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90327 033 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|---|---|--|--|
| DOCUMENT # N98000004580 | |  | |
| 1. Entity Name LORENZ-SMEENGE FOUNDATION, INC. | | | |
| Principal Place of Business 1520 TRADEPORT DR. JACKSONVILLE, FL 32218 | | Mailing Address 1520 TRADEPORT DR. JACKSONVILLE, FL 32218 | |
| 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 59-3548085 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, KENT E 1520 TRADEPORT DR. JACKSONVILLE, FL 32218 | | 7. Name and Address of New Registered Agent Name Mary A. Robison, Esquire Street Address (P.O. Box Number is Not Acceptable) Fisher, Tousey, Leas & Ball, P.A. One Independent Drive, Suite 2600 City Jacksonville FL Zip Code 32202 | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE  Mary A. Robison | | DATE 4/28/03 | |
| FILE NOW: FEE IS \$81.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, KENT E 1520 TRADEPORT DR. JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Bowden, Mark 1620 Tradeport Drive Jacksonville, Florida 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SMEENGE, JOEL A 1520 TRADEPORT DR. JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Pearson, Michael 1 Alltel Stadium Drive Jacksonville, Florida 32202 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STEINBERG, BARRY 1520 TRADEPORT DR. JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Robison, Mary A. One Independent Drive, Suite 2600 Jacksonville, Florida 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CAVANAUGH, JAMES L 1520 TREADPORT DRIVE JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  Mary A. Robison | | DATE 4/28/03 (904)356-2600 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

CR2E037 (10/02)