

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006104

1. Entity Name

MIKE AND JACKIE SMITH FOUNDATION, INC.

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90033 014 ****61.25

Principal Place of Business

Mailing Address

356 CROMWELL COURT
NAPLES FL 34108

3838 TAMiami TRAIL N
300
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

3040 Old Cove Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples, FL

City & State

Zip

Country

Zip

Country

34119

4. FEI Number

59-3539820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GOODMAN, KENNETH D~~
3838 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

Name

Goodman & Breen, P.A.

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

3838 Tamiami Tr. N.

Suite 300

City

Naples

FL

Zip Code

34103

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, E A
356 CROMWELL COURT
NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3040 Old Cove Way
Naples, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, JACQUELYN L
356 CROMWELL COURT
NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3040 Old Cove Way
Naples, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, JEFFREY E
11 BARBERRY RD
WOOSTER OH 44691 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARMICHAEL, JILL A
P.O. BOX 925
WOOSTER OH 44691 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. A. Smith

2-25-02

941-591-1596

Date

Daytime Phone #

CR2E037 (9/01)