

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007141

1. Entity Name

THE BLYLER/THOMPSON FOUNDATION, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90341 015 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 2465  
PONTE VEDRA BEACH FL 32004

Mailing Address

P.O. BOX 2465  
PONTE VEDRA BEACH FL 32004-2465

2. Principal Place of Business

PO Box 3679

3. Mailing Address

PO Box 3679

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Beach, Fl.

City & State

Ponte Vedra Beach, Fl.

4. FEI Number

59-3546806

Applied For

Not Applicable

Zip

32004

Country

Zip

32004

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Michael N. Schneider

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

5150 Belfort Road  
Building 100

City  
Jacksonville,

FL

Zip Code  
32256

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
THOMPSON, NANCY R  
P.O. BOX 2465 N/A  
PONTE VEDRA BEACH FL 32004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
THOMPSON, WILLIAM B  
P.O. BOX 2465 N/A  
PONTE VEDRA BEACH FL 32004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILLEY, FAY B  
P.O. BOX 2465 N/A  
PONTE VEDRA BEACH FL 32004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
New Address = PO Box 3679  
Ponte Vedra Beach, FL  
32004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
New Address = PO Box 3679  
Ponte Vedra Beach, FL  
32004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
New Address = PO Box 3679  
Ponte Vedra Beach, FL 32004

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

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

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:

WILLIAM B. THOMPSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)