

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007141

1. Entity Name

THE BLYLER/THOMPSON FOUNDATION, INC.

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90193 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

656725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 3679

P.O. Box 3679

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3546806

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.  
SUITE 100  
JACKSONVILLE FL 32216

Name: Michael 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: ☒ Change ☐ Addition  
NAME: ☒ Change ☐ Addition  
STREET ADDRESS: New Box # = P.O. Box 3679  
CITY-ST-ZIP: ☒ Change ☐ Addition

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

TITLE: ☒ Change ☐ Addition  
NAME: " " = P.O. Box 3679  
STREET ADDRESS: ☒ Change ☐ Addition  
CITY-ST-ZIP: ☒ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition  
NAME: " " = P.O. Box 3679  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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

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

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

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

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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 line empowered.

SIGNATURE:

SIGNATURE: Wm B Thompson 4/11/01 904-280-9295

CR2E037 (10/00)