

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/14

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**  
 08-15-2000 90015 049 \*\*\*\*61.25

**DOCUMENT # N99000002221**

1. Entity Name

**JEFF & PATRICE SMITH FAMILY FOUNDATION, INC.**

Principal Place of Business

~~11 WARBERRY ROAD~~  
 WOOSTER OH 44691

Mailing Address

~~11 WARBERRY ROAD~~  
 WOOSTER OH 44691

2. Principal Place of Business

*11 Barberrry Rd.*

Suite, Apt. #, etc.

3. Mailing Address

*11 Barberrry Rd.*

Suite, Apt. #, etc.

City & State

*Wooster, OH*

Zip *44691*

Country *USA*

City & State

*Wooster, OH*

Zip *44691*

Country *USA*

4. FEI Number

*59-3575843*

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOODMAN, KENNETH D**  
**3838 TAMiami TRAIL NORTH, STE. 300**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent

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**  
**After September 13, 2000 min. will be \$236.25**

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	<b>D</b> <b>SMITH, JEFFREY</b> <del><b>11 WARBERRY ROAD</b></del> <b>WOOSTER OH 44691</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, PATRICE</b> <del><b>11 WARBERRY ROAD</b></del> <b>WOOSTER OH 44691</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, E.A.</b> <b>356 CROMWELL CT.</b> <b>NAPLES FL 34108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>11 Barberrry Rd.</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>11 Barberrry Rd.</i>	
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

*Jeffrey E. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-8-00*

*(30) 669-2131*

Date

Daytime Phone #

CR2E037 (5/00)