

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90065 033 ****61.25

0010578

DOCUMENT # N99000006147

1. Entity Name

THE FRANCISCO GARCIA-BENGOCHEA FOUNDATION, INC.

Principal Place of Business

1050 RIVERSIDE AVENUE
 JACKSONVILLE FL 32204

Mailing Address

POST OFFICE BOX 4550
 JACKSONVILLE FL 32201

2. Principal Place of Business

701 Fisk Street

3. Mailing Address

701 Fisk Street

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3603312

Applied For

Not Applicable

Zip

32204

Country

USA

Zip

32204

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YONG, FRANK J
 1050 RIVERSIDE AVENUE
 JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

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

Suite 110

City

Jacksonville

FL

Zip Code

32204

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	D	<input type="checkbox"/> Delete
NAME	GARCIA-BENGOCHEA, JAVIER	
STREET ADDRESS	4901 VANDIVEER ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA-BENGOCHEA, MARY	
STREET ADDRESS	4901 VANDIVEER ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARGARITA M. G. SCHUMACHER	
STREET ADDRESS	1886 MONTGOMERY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUMACHER, JAMES	
STREET ADDRESS	1886 MONTGOMERY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *M. G. Schumacher* **SIGNATURE REQUIRED** Margarita M.G. Schumacher, director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)