

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006901

1. Entity Name

JFT FOUNDATION, INC.

R

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90038 017 ****61.25

Principal Place of Business

2000 MERRITT PARK DRIVE
ORLANDO FL 32803

Mailing Address

2000 MERRITT PARK DRIVE
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

SHUFFIELD, W. CHARLES
315 E. ROBINSON STREET
SUITE 600
ORLANDO FL 32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D BURCH, JUDY**
STREET ADDRESS **505 CATHEDRAL ST.**
CITY-ST-ZIP **BALTIMORE MD 21201**

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

TITLE ☐ Delete
NAME **D TAYLOR, SUSAN S**
STREET ADDRESS **520 INTERLACHEN**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☐ Delete
NAME **D VARNEY, MARGIE**
STREET ADDRESS **2000 MERRITT PARK DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☒ Change ☐ Addition
NAME **D/SAT VARNEY, MARGIE**
STREET ADDRESS **2000 MERRITT PARK DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D/P VINCENT REGAN**
STREET ADDRESS **P.O.B. 48 208 RIVER DRIVE**
CITY-ST-ZIP **HASENA, NY 13662**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00

Date

Daytime Phone #

CR2E037 (5/00)