

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/8/01-9

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90025 029 \*\*\*\*61.25

**DOCUMENT # N99000006955**

1. Entity Name

**SAMARITAN FOUNDATION INC.**

Principal Place of Business

412 PALM AVE  
 PIERSON FL 32180

Mailing Address

412 PALM AVE  
 PIERSON FL 32180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SHERIDAN, DAVID  
 202 MELODIE LANE  
 PIERSON FL 32180**

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**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, FRAZIER W</b>	
STREET ADDRESS	<b>412 PALM AVE.</b>	
CITY-ST-ZIP	<b>PIERSON FL 32180</b>	
TITLE	<b>DO</b>	<input type="checkbox"/> Delete
NAME	<b>RYAN, MIKE</b>	
STREET ADDRESS	<b>2708 KINGFISHER VILLAGE</b>	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	
TITLE	<b>DM</b>	<input type="checkbox"/> Delete
NAME	<b>DALECCIO, FERNANDO</b>	
STREET ADDRESS	<b>327 LULA BELLE DR.</b>	
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>DELAND FL 32720</b>	
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
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

Date

Daytime Phone #

**JAN 4 2001 9047990514**

CR2E037 (10/00)

Doc # N99000006955

60072

Form **SS-4**

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

**SAMARITAN FOUNDATION INC.**

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

**412 PALM AVE**

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

**PIERSON FL 32180**

5b City, state, and ZIP code

6 County and state where principal business is located

**VOLUSIA FLORIDA**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►

**WALTER F. JONES**

**267-74-4580**

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☒ Other nonprofit organization (specify) ► **EDUCATIONAL FOUNDATION** (enter GEN if applicable)

☐ Other (specify) ►

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Other corporation (specify) ►

☐ Trust

☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

**FLORIDA**

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ►

**EDUCATIONAL**

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

**NOVEMBER 1999**

11 Closing month of accounting year (see instructions)

**DEC 31**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural

Agricultural

Household

**0**

14 Principal activity (see instructions) ► **EDUCATIONAL FOUNDATION - AIRCRAFT**

15 Is the principal business activity manufacturing? . . . . .  
If "Yes," principal product and raw material used ►

☐ Yes

☒ No

16 To whom are most of the products or services sold? Please check one box.

☐ Business (wholesale)

☒ Public (retail)

☐ Other (specify) ►

☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

**WALTER F. JONES**

**DIRECTOR**

Name and title (Please type or print clearly.) ►

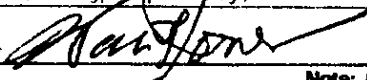
Business telephone number (include area code)

**(904) 749-0514**

Fax telephone number (include area code)

**(904) 749-0514**

Signature ►



Date ► **JAN 22, 2001**

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying