

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060349

1. Entity Name

WOLFSON CLASS OF 1990, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90024 019 \*\*\*150.00

Principal Place of Business

4131 BIRMINGHAM ROAD  
JACKSONVILLE FL 32207

Mailing Address

P.O. BOX 57036  
JACKSONVILLE FL 32241

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3651312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHORE, KIMBERLY  
4131 BIRMINGHAM ROAD  
JACKSONVILLE FL 32207

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHORE, KIMBERLY  
CITY-ST-ZIP 4131 BIRMINGHAM RD.  
JACKSONVILLE FL 32207

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JEAN-BART, LESLIE S  
CITY-ST-ZIP 3500 UNIVERSITY BLVD., N., #1310  
JACKSONVILLE FL 32277

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MARTIN, ANNIE L  
CITY-ST-ZIP 847 LASALLE STREET  
JACKSONVILLE FL 32207

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCCREA, JEFFREY  
CITY-ST-ZIP 10709 W. ORCHARD WALK PL  
JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kimberly Carlisle Shore* April 13, 2001 (904) 398-5840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

CR2E034 (10/00)