

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25481

1. Entity Name

HYMAN S. AND SADYE JACOBS FOUNDATION, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90090 009 ****61.25

Principal Place of Business

Mailing Address

1 JOHN ANDERSON DRIVE
SUITE 419
ORMOND BEACH FL 32176
US

1 JOHN ANDERSON DRIVE
SUITE 419
ORMOND BEACH FL 32176-5789
US

2. Principal Place of Business

3. Mailing Address

3 LA JOLLA CT
Suite, Apt. #, etc.
ORMOND Bch, FL

3 LA JOLLA CT
Suite, Apt. #, etc.

City & State

City & State

ORMOND Bch, FL

ORMOND Bch, FL

Zip

Country

Zip

Country

32174

USA

32174

USA

4. FEI Number

58-6042913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGEN, SARA JACOBS
1 JOHN ANDERSON DRIVE
SUITE 419
ORMOND BEACH FL 32176

Name ROBYN DEMPSEY

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

3 LA JOLLA CT

City

ORMOND Bch

FL

Zip Code

32174

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

ROBYN DEMPSEY

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete

NAME BAGEN, SARA J.
STREET ADDRESS 1 JOHN ANDERSON DRIVE #419
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE VPD ☐ Delete

NAME RINZLEK, RENEE
STREET ADDRESS 1 JOHN ANDERSON DRIVE #419
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE SD ☐ Delete

NAME DEMPSEY, JACK A.
STREET ADDRESS 3 LA JOLLA CT
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD ☐ Delete

NAME DEMPSEY, ROBYN
STREET ADDRESS 3 LA JOLLA CT
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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

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

1/25/00 (904) 677-4627
Date Daytime Phone #