

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056575

1. Entity Name

NORTHEAST FLORIDA FOUNDATION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90316 013 ***150.00

Principal Place of Business

Mailing Address

724 CYPRESS AVE. N.
 GREEN COVE SPRINGS FL 32043

724 CYPRESS AVE. N.
 GREEN COVE SPRINGS FL 32043-2413

2. Principal Place of Business

724 Cypress Ave, North

3. Mailing Address

724 Cypress Ave, North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL.

City & State

Green Cove Springs, FL.

4. FEI Number

59-3604303

☒ Applied For

☐ Not Applicable

Zip

Country

32043

CLAY

Zip

Country

32043

CLAY

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

COLSON, LARRY D
 724 CYPRESS AVE. N.
 GREEN COVE SPRINGS FL 32043

Name

Larry D. Colson

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

724 Cypress Ave. North

Green Cove Springs

City

FL

Zip Code

32043

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	COLSON, LARRY D	
STREET ADDRESS	724 CYPRESS AVE. N.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COLSON, SHEILA D	
STREET ADDRESS	724 CYPRESS AVE. N.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COLSON, KEVIN L	
STREET ADDRESS	724 CYPRESS AVE. N.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	COLSON, LARRY D JR.	
STREET ADDRESS	724 CYPRESS AVE. N.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
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"/> 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	
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	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(904) 284-4500

Date

Daytime Phone #

CR2E034 (9/99)