

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704396

1. Entity Name

FLORIDA BANKERS EDUCATIONAL FOUNDATION

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90022 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1001 THOMASVILLE RD  
201  
TALLAHASSEE FL 32301  
US

P O BOX 1360  
TALLAHASSEE FL 32302-1360  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6139568

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NEWTON, LETTY  
1001 THOMASVILLE RD  
201  
TALLAHASSEE FL 32303

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Delete  
GUNNELS, W W JR  
STREET ADDRESS 800 W JEFFERSON ST  
CITY-ST-ZIP MONTICELLO FL

TITLE NAME ☐ Change ☒ Addition  
CALDER, DAWN  
STREET ADDRESS 2055 PALM BEACH LAKES BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE NAME ☒ Delete  
TOWNSEND, JAMES  
STREET ADDRESS 1900 S 14TH ST  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE NAME ☐ Change ☒ Addition  
SHAVE, RICK  
STREET ADDRESS 3600 NW 43 ST, STE A-1  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE NAME ☐ Delete  
D  
NEWTON, LETTY  
STREET ADDRESS 1001 THOMASVILLE RD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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

April 28, 2000 (850) 224-2265  
Date Daytime Phone #

CR2E037 (9/99)