2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED Feb 07, 2000 8:00 am Secretary of State **DOCUMENT # 751485** 1. Entity Name FLORIDA HUMANITIES COUNCIL, INCORPORATED 02-07-2000 90057 002 ****70.00 Principal Place of Business Mailing Address 1725 1/2 E 7TH AVE 1725 1/2 7TH AVE TAMPA FL 33605 TAMPA FL 33605-3805 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7304964 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCINE-CARY Street Address (P.O. Box Number is Not Acceptable) HENSERSON: ANN LYMAN FLORIDA HUMANITIES COUNCIL, INCORPORATED 1725 1/2 E. 7TH AVE. City Zip Code **TAMPA 33605** 8. The above named entity sulf mits this statement for the changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VD πιε CD 🔀 Delete TITLE ☐ Change Addition FRANK HELSOM NAME CHAPIN, LLOYD NAME 222 ROYAL PALM WAY STREET ADDRESS P.O. BOX 12560 N/A STREET ADDRESS 33480 PALM BEACH, FL CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARY, FRAN NAME STREET ADDRESS 1725 1/2 E. 7TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 TITLE Delete Change Change Addition NAME LUDLOW, JEAN NAME STREET ADDRESS 2007 PALMETTO POINTE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BCH FL 32082 TITLE ☐ Delete TITLE Change Addition NAME NAME Grand Address STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS' CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 contrasted 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 attack ment with an address, with an other like empowered.

Daytime Phone #