2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90023 008 ****61.25

0058379

DOCUMENT # 751485

1. Entity Name

FLORIDA HUMANITIES COUNCIL, INCORPORATED

Principal Place of Business	Mailing Address
1725 1/2 E 7TH AVE TAMPA FL 33605 US	1725 1/2 7TH AVE TAMPA FL 33605 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
599 2ND ST SOUTH	599 2ND ST SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG, FL	City & State: ST PETERSBURG, FL
Zip: 33701-5005 Country:	Zip: 33701-5005 Country:

4. FEI Number 23-7304964 ☐ 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
CARY, FRANCINE FLORIDA HUMANITIES COUNCIL, INCORPORATED ~~1725 1/2 E. 7TH AVE.~~ → ~~TAMPA FL 33605~~ →	Name Street Address (P.O. Box Number is Not Acceptable) 599 2ND ST SOUTH City: ST PETERSBURG. FL Zip Code: 33762

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 / STREET ADDRESS / CITY-ST-ZIP	SD CARY, FRANCINE ~~1725 1/2 E. 7TH AVE~~ ~~TAMPA FL 33605~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARY, FRANCINE 599 2ND ST SOUTH ST PETERSBURG, FL 33701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LUDLOW, JEAN 2007 PALMETTO POINTE PONTE VEDRA BCH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HELSOM, FRANK 222 ROYAL PALM WAY PALM BEACH FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 FRANCINE CARY 4/25/01 727-553-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #