2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756004

1. Entity Name

THE LEON HIGH SCHOOL FOUNDATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90136 032 ****61.25

Principal Place of Business	Mailing Address
550 E TENNESSEE STREET TALLAHASSEE FL 32308	550 E TENNESSEE STREET TALLAHASSEE FL 32308-4938

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-9113986 ☐ 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
CULPEPPER, BRUCE 318 NO CALHOUN STREET TALLAHASSEE FL 32301	Name: Bruce Culpepper Street Address (P.O. Box Number is Not Acceptable): 301 North Bronough Street City: Tallahassee **FL** Zip Code: 32301

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	DV ROSEN, MARY ANNE 3038 HAWKS GLEN TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/President Mary Anne Rosen 3038 Hawks Glen Tallahassee, FL 32312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~BEVIS, R. J. "ROCKY"~~ ~~2710 NORTH MONROE STREET~~ ~~TALLAHASSEE FL 32303~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Vice-President Don Mills 2603 Mayfield Avenue Tallahassee, FL 32312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~COX, L. THOMAS, JR~~ ~~2519 CHAMBERLIN DRIVE~~ ~~TALLAHASSEE FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Treasurer James O. Cooke, IV 1713 Mahan Drive Tallahassee, FL 32308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director/Secretary Latrelle Hobby 672 Shadeville Road Crawfordville, FL 32327	☒ 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 (9/99)

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: Mary Anne Rosen SIGNATURE REQUIRED Mary Anne Rosen 4/12/00 850/893-7312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #