

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764016

1. Entity Name

THE GLENN W. MORRISON AND HAZELLE PAXSON FOUNDAT

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90090 006 ****61.25

Principal Place of Business

Mailing Address

112 E. POINSETTA DRIVE
LAKELAND FL 33803

112 E. POINSETTA DRIVE
LAKELAND FL 33803-2919

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

59-2220612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ATTAWAY, JOHN A JR
%PUBLIX SUPERMARKETS INC.
321 S. KENTUCKY AVE.
LAKELAND FL 33801

7. Name and Address of New Registered Agent

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]*

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

TITLE ☐ Delete
NAME VPD
STREET ADDRESS FARRIS, NORMAN E
CITY-ST-ZIP 111 COUNTRY KNOLL
NICHOLASVILLE KY

TITLE ☐ Delete
NAME SD
STREET ADDRESS ATTAWAT, JOHN A JR
CITY-ST-ZIP 321 S. KENTUCKY AVE.
LAKELAND FL 33801

TITLE ☐ Delete
NAME TD
STREET ADDRESS DAVIS, CHARLES H., JR
CITY-ST-ZIP 112 E. POINSETTIA
LAKELAND FL

TITLE ☐ Delete
NAME PD
STREET ADDRESS ALLEN, RALPH C.
CITY-ST-ZIP 1401 SOUTH FLORIDA AVENUE
LAKELAND FL

TITLE ☐ Delete
NAME D
STREET ADDRESS RICKER, PATRICIA
CITY-ST-ZIP 1500 BISHOP ESTATES-VILLA #25
JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Attaway, John A. Jr.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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]* CHARLES H. DAVIS, JR 1/13/2000 (863) 683-5425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)