

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003088

1. Entity Name
SURETY VENTURES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 23 PM 4:22

Principal Place of Business
ONE SBI PLAZA, SUITE 107
TALLAHASSEE, FL 32307

Mailing Address
ONE SBI PLAZA, BOX 31
TALLAHASSEE, FL 32307

2. Principal Place of Business
Florida A&M University

3. Mailing Address
Florida A&M University

Suite, Apt. #, etc.
One SBI Plaza, Suite 102W

Suite, Apt. #, etc.
One SBI Plaza, Box 31

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip Country
32307 USA

Zip Country
32307 USA

4. FEI Number
59-3645505

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

03

6. Name and Address of Current Registered Agent

LEVIAS, DEANDREA
ONE SBI PLAZA, SUITE 107
TALLAHASSEE, FL 32307

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Florida A&M University
One SBI Plaza, Suite 102W
City
Tallahassee FL Zip Code
32307

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, THOMAS 7099 OX BOW ROAD TALLAHASSEE, FL 32312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, BOOKER ONE SBI PLAZA, SUITE 404-B TALLAHASSEE, FL 32307	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMMING, SAUNDRA DR. ONE SBI PLAZA, SUITE EW-418 TALLAHASSEE, FL 32307	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. Sybil C. Mobley One SBI Plaza, #105 Tallahassee, FL 32307	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mr. Richard Wright One SBI Plaza, #419W Tallahassee, FL 32307	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ms. Beverly Byrd One SBI Plaza, #104 Tallahassee, FL 32307	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mr. Thomas Jefferson One SBI Plaza # 418C Tallahassee, FL 32307	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(f), 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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

Daytime Phone #

CR2E037 (10/02)