

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90232 030 ****61.25

DOCUMENT # NO1000003689

1. Entity Name
FIRST DECADE FAIRNESS PROJECT, INC.

Principal Place of Business

Mailing Address

**1021/2 S. MONROE ST.
TALLAHASSEE FL 32301**

**1021/2 S. MONROE ST.
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

102 1/2 S. Monroe St

102 1/2 S. Monroe St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip

Country

Zip

Country

32301

US

32301

4. FEI Number

Applied For

59-3725123

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

**HERRON, MARK
215 S. MONROE ST., STE. 701
TALLAHASSEE FL 32301**

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, 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 Delete
NAME **DPST**
HOGAN, WAYNE
STREET ADDRESS **233 E. BAY ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32202-3452**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
DOUGLASS, W. DEXTER
STREET ADDRESS **211 E. CALL ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301-1674**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
WALLACE, PETER RUBY
STREET ADDRESS **259 THIRD ST. N**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 an other like empowered.

SIGNATURE:

Wayne Douglas
WAYNE DOUGLAS
2/26/02

904-632-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)