

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

02-07-2000 90067 046 ****61.25

DOCUMENT # N16518

1. Entity Name

A BEKA FOUNDATION, INC.

Principal Place of Business

Mailing Address

%ARLIN R. HORTON
250 BRENT LANE
PENSACOLA FL 32503-2523

BOX 17100
PENSACOLA FL 32522-7100
US

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

59-2889323

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

HORTON, ARLIN R.
5409 RAWSON LN.
PENSACOLA FL 32503-2523

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 **D** ☐ Delete
 NAME **RICE, BILL III**
 STREET ADDRESS **627 BILL RICE RANCH ROAD**
 CITY-ST-ZIP **MURFREESBORO TN**

TITLE **Vice President (VD)** ☒ Change ☐ Delete
 NAME **Dr. Bill Rice III**
 STREET ADDRESS **627 Bill Rice Ranch Road**
 CITY-ST-ZIP **Murfreesboro, Tennessee 37129**

TITLE **PD** ☐ Delete
 NAME **HORTON, ARLIN R.**
 STREET ADDRESS **250 BRENT LANE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **President (PD)** ☒ Change ☐ Delete
 NAME **Dr. Arlin R. Horton**
 STREET ADDRESS **250 Brent Lane**
 CITY-ST-ZIP **Pensacola, Florida 32503**

TITLE **STD** ☐ Delete
 NAME **HORTON, REBEKAH**
 STREET ADDRESS **250 BRENT LANE**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **Secretary / Treasurer (STD)** ☒ Change ☐ Delete
 NAME **Dr. Rebekah Horton**
 STREET ADDRESS **250 Brent Lane**
 CITY-ST-ZIP **Pensacola, Florida 32503**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

(850) 478-8480

Date

Daytime Phone #