

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2000 90006 037 ****61.25

DOCUMENT # N17809

1. Entity Name

FLORIDA COUNTIES FOUNDATION, INC.

Principal Place of Business

Mailing Address

102 SOUTH MONROE STREET
 TALLAHASSEE FL 32301
 US

P O BOX 549
 TALLAHASSEE FL 32302-0549
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 SOUTH MONROE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

City & State

4. FEI Number

59-2780417

Applied For

Not Applicable

Zip

32301

Country

UNITED STATES

Zip

Country

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

BARNETT BANK BLDG, SUITE 800
 %ROBERTS, EGAN & ROUTA, P.A.
 315 SOUTH CALHOUN STREET
 TALLAHASSEE FL 32301

Name **FLORIDA ASSOCIATION OF COUNTIES**

Street Address (P.O. Box Number is Not Acceptable)

100 SOUTH MONROE 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

Mary Kay Cariseo

MARY KAY CARISEO, EXECUTIVE DIRECTOR 02/24/00

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	DST	<input checked="" type="checkbox"/> Delete
NAME	MANNING, JOHN	
STREET ADDRESS	P O BOX 398/2120 MAIN ST	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ADAMS, FRAN	
STREET ADDRESS	1840 25TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	DIXON, EDWARD	
STREET ADDRESS	P O BOX 1799/16 S MADISON ST	
CITY-ST-ZIP	QUINCY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JANET	
STREET ADDRESS	PO BOX 1760/25 E HICKPOCHEE AVENUE	
CITY-ST-ZIP	LABELLE, FLORIDA 33935-1760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #