FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2001 8:00 am ³ Secretary of State **DOCUMENT # N17809** 1. Entity Name FLORIDA COUNTIES FOUNDATION, INC. 02-21-2001 90070 023 ****61.25 Principal Place of Business Mailing Address 100 SOUTH MONROE STREET P O BOX 549 TALLAHASSEE FL 32301 TALLAHASSEE FL 32302 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2780417 Not Applicable Country سنت 🗀 "Country 🚅 🚅 \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FLORIDA ASSOCIATION OF COUNTIES 100 S MONROE STREET TALLAHASSEE FL 32301 Zip Code FL 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DST ☐ Addition TITLE ☐ Delete TITLE DVC TAYLOR, JANET NAME NAME TAYLOR, JANET STREET ADDRESS PO BOX 1760/25 E HICKPOCHEE AVE STREET ADDRESS PO BOX 1760/25 E HICKPOCHEE AVE CITY-ST-ZIP CITY-ST-ZIP LABELLE FL 33935-1760 DC TITLE ☐ Delete TITLE Change ☐ Addition ADAMS, FRAN NAME NAME STREET ADDRESS STREET ADDRESS 1840-25TH STREET--CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 DST DEW, BERNARD DVC Addition Delete TITLE Change DIXON, EDWARD NAME NAME 209 NORTH FLORIDA STREET STREET ADDRESS STREET ADDRESS P O BOX 1799/16 S MADISON ST BUSHNELL, FLORIDA 33513. CITY-ST-ZIP CITY-ST-ZIP QUINCY FL ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

Q2-14-01 561 567-8000 x490