

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90177 024 ****61.25

DOCUMENT # N27863

1. Entity Name

THE OUNCE OF PREVENTION FUND OF FLORIDA, INC.

Principal Place of Business

Mailing Address

111 N. GADSDEN ST., STE. 200
 TALLAHASSEE FL 32301-1507

111 N. GADSDEN ST., STE. 200
 TALLAHASSEE FL 32301-1507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2908367

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGGETT, FRED W.
101 EAST COLLEGE YAVENUE
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 **SD BAGGETT, FRED W.**
 STREET ADDRESS **101 EAST COLLEGE AVENUE**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD SCHIEBLER, AUDREY L**
 STREET ADDRESS **408 BEACHSIDE PALCE**
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CD DAVIS, T.:WAYNE**
 STREET ADDRESS **1910 SAN MARCO BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD ROBERTS, C. PATRICK**
 STREET ADDRESS **800 N. CALHOUN ST**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD COLER, GREGORY L**
 STREET ADDRESS **403 EAST PARK AVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

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 all other like empowered.

SIGNATURE:

SIGNATURE: FRED BAGGETT

1/25/02

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CR2E037 (9/01)