2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90093 014 ****70.00

0014643

DOCUMENT # N32026

1. Entity Name

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY (

Principal Place of Business	Mailing Address
2402 TRESCOTT DRIVE TALLAHASSEE FL 32312	2402 TRESCOTT DRIVE TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2200 N.W. 24th Road OCALA, FL 34475	2200 N.W. 24th Road OCALA, FL 34475
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3134686 ☐ 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
DURHAM, MARCELLAS 2402 TRESCOTT DRIVE TALLAHASSEE FL 32312	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSTON, PURCELL 1564 NW 4TH AVENUE POMPANO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Whitfield Jenkins 2200 N.W. 24th Road OCALA, FL 34475	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DURHAM, MARCELLAS 2402 TRESCOTT DRIVE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCELLAS DURHAM 2402 TRESCOTT DR. Tallahassee, FL 32312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REED, BILLY 3710 E SHADOWLAND AVE TAMPA FL 33610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLOYD, VERNON 1611 AVENUE S. FT. PIERCE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JIMMIE 4359 HOMER RD. JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, SAMUEL T 901 S. MANGONIA CIR. WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Marcellas Durham MARCELLAS DURHAM — April 27, 2001 — (850)386-4573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #