

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90166 018 ****70.00

DOCUMENT # N32026

1. Entity Name

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY (FAMU) NATIONAL RATTLER "F" CLUB, INCORPORATED

Principal Place of Business

**2200 NW 24TH ROAD
 OCALA FL 34475**

Mailing Address

**2200 NW 24TH ROAD
 OCALA FL 34475**

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 **59-3134686**

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 TRESSCOTT 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 **P** ☐ Delete
 NAME **WHITFIELD, JENKINS**
 STREET ADDRESS **2200 NW 24TH ROAD**
 CITY-ST-ZIP **OCALA FL 34475**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Houston, Purcell**
 STREET ADDRESS **1564 N.W. 4th Ave.**
 CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE **D** ☐ Delete
 NAME **DURHAM, MARCELLAS**
 STREET ADDRESS **2402 TRESSCOTT DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **T** ☐ Change ☒ Addition
 NAME **ROLLE, FRANKIE S.**
 STREET ADDRESS **3430 Williams Ave.**
 CITY-ST-ZIP **Miami, FL 33133**

TITLE **D** ☐ Delete
 NAME **REED, BILLY**
 STREET ADDRESS **3710 E SHADOWLAND AVE**
 CITY-ST-ZIP **TAMPA FL 33610**

TITLE **D** ☐ Change ☒ Addition
 NAME **Bethel, Roslyn J.**
 STREET ADDRESS **3321 Frow Ave.**
 CITY-ST-ZIP **Miami, FL 33133**

TITLE **D** ☐ Delete
 NAME **FLOYD, VERNON**
 STREET ADDRESS **1611 AVENUE S.**
 CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **JOHNSON, JIMMIE**
 STREET ADDRESS **4359 HOMER RD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MARSHALL, SAMUEL T**
 STREET ADDRESS **901 S. MANGONIA CIR.**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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:

Marcellas Durham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/02

*850)
 386-4523*

Date

Daytime Phone #

CR2E037 (9/01)