

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90200 020 ****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 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITFIELD, JENKINS 2200 NW 24TH ROAD OCALA FL 34475	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, MARCELLAS 2402 TRESCOTT DRIVE TALLAHASSEE FL 32312	☐ Delete
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	D FLOYD, VERNON 1611 AVENUE S. FT. PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JIMMIE 4359 HOMER RD. JACKSONVILLE FL	☐ Delete
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
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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:

Whitfield Jenkins

4/25/03 (352)351-0824

CR2E037 (10/02)