

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90031 019 ****61.25

0076469

DOCUMENT # N44633

1. Entity Name

JAMES F. MULLEN MEMORIAL FUND, INC.

Principal Place of Business

Mailing Address

**910 CONTENTO STREET
 SARASOTA FL 34242**

**910 CONTENTO STREET
 SARASOTA FL 34242**

605761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0279577

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

**COPPINGER, BOIES P., JR.
 910 CONTENTO STREET
 SARASOTA FL 34242**

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: **VD**
 NAME: **SCHNEIDER, BERNARD R** Delete
 STREET ADDRESS: **3983 PRAIRIE DUNES DR**
 CITY-ST-ZIP: **SARASOTA FL 34238**

TITLE: **DECEASED** Change Addition
 NAME: **DECEASED**
 STREET ADDRESS: **DECEASED**
 CITY-ST-ZIP: **DECEASED**

TITLE: **PD** Delete
 NAME: **STULTS, ELWIN M., III**
 STREET ADDRESS: **5233 VANDERIPE ROAD**
 CITY-ST-ZIP: **SARASOTA FL 34241-9592**

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

TITLE: **STD** Delete
 NAME: **COPPINGER, BOIES P., JR.**
 STREET ADDRESS: **910 CONTENTO ST.**
 CITY-ST-ZIP: **SARASOTA FL 34242-1816**

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

TITLE: **VD**
 NAME: **STONE, JOHN A.**
 STREET ADDRESS: **377 REDWOOD ROAD**
 CITY-ST-ZIP: **VENICE, FL 34293**

TITLE: Change Addition
 NAME: **NEW**
 STREET ADDRESS: **NEW**
 CITY-ST-ZIP: **NEW**

TITLE: **VD**
 NAME: **MCLEOD, BENJAMIN F.**
 STREET ADDRESS: **3722 TORREY PINES BLVD.**
 CITY-ST-ZIP: **SARASOTA, FL 34238**

TITLE: Change Addition
 NAME: **NEW**
 STREET ADDRESS: **NEW**
 CITY-ST-ZIP: **NEW**

TITLE: **VD**
 NAME: **ALBERTSON, DON L.**
 STREET ADDRESS: **4136 WOODVIEW DRIVE**
 CITY-ST-ZIP: **SARASOTA, FL 34232**

TITLE: Change Addition
 NAME: **NEW**
 STREET ADDRESS: **NEW**
 CITY-ST-ZIP: **NEW**

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: **B.P. Coppinger, Jr.** **BOIES P. COPPINGER, JR.** 01/04/01 (941) 549-1719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)