

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2002 90190 018 ****61.25

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**



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

Zip

Country

Zip

Country

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

Change Addition
 TITLE _____
 NAME _____
 STREET ADDRESS **236 HIDDEN BAY DR.**
 CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **STD** Delete
 NAME **COPPINGER, BOIES P., JR.**
 STREET ADDRESS **910 CONTENTO ST.**
 CITY-ST-ZIP **SARASOTA FL 34242-1818**

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

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

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

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

Change Addition
 TITLE _____
 NAME _____
 STREET ADDRESS **3722 TORREY PINES BLVD.**
 CITY-ST-ZIP _____

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

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

Change Addition
 TITLE _____
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 (941) 349-1719

BOIES P. COPPINGER, JR.

CR2E037 (9/01)