

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


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90218 004 ****61.25

0058285

DOCUMENT # N44633

1. Entity Name
JAMES F. MULLEN MEMORIAL FUND, INC.



Principal Place of Business
**910 CONTENTO STREET
SARASOTA FL 34242**

Mailing Address
**910 CONTENTO STREET
SARASOTA FL 34242**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

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

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STULTS, ELWIN M., III 436 HIDDEN BAY DR OSPREY FL 34289	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COPPINGER, BOIES P., JR. 910 CONTENTO ST. SARASOTA FL 34242-1816	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONE, JOHN A 377 REDWOOD ROAD VENICE FL 34293	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLEOD, BENJAMIN F 3722 TORREY PINES BLVD SARASOTA FL 34238	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBERTSON, DON L 4136 WOODVIEW DRIVE SARASOTA FL 34232	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4436 Calle Serena Sarasota, FL 34238	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Boies P. Coppinger, Jr. **Boies P. Coppinger, Jr.** 1/03/03 (941) 349-1719

CR2E037 (10/02)