

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90110 042 \*\*\*\*61.25

BUUU9603



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N47150**

1. Entity Name

**MADISON COUNTY FOUNDATION FOR EXCELLENCE IN EDUC**

Principal Place of Business

Mailing Address

101 N. RANGE ST.  
 MADISON FL 32340  
 US

PO BOX 181  
 MADISON FL 32341-0181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3112453**

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

**HARDEE, CARY A.**  
**215 S.E. PINCKNEY ST.**  
**MADISON FL 32341-0450**

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:**  
**FEES 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	<input type="checkbox"/> Delete
NAME	CAVE, MONTEEN M	
STREET ADDRESS	PO BOX 1027-NA	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, GEORGE M	
STREET ADDRESS	PO BOX 119-NA	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUFF, MARY B	
STREET ADDRESS	PO DRAWER 570-NA	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANDERS, TIM	
STREET ADDRESS	PO BOX 237-NA	
CITY-ST-ZIP	MADISON FL 32341	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, RAY	
STREET ADDRESS	504 W. BASE ST.	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEGGS, EDWARD	
STREET ADDRESS	400 W BASE ST	
CITY-ST-ZIP	MADISON FL 32340	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faye Browning	
STREET ADDRESS	P. O. Box 359	
CITY-ST-ZIP	Madison, FL 32341	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Monteen M. Cave President  
*(Signature)*

Jan. 9, 2000 850 973 4636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)