

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 SEP 12 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # N47535

1. Entity Name
Florida Division, United Daughters of The Confederacy, Inc.

Principal Place of Business Mailing Address
3708 Patton Ave 6133 William
Archives Building Tallahassee, FL
ELLENTON, FL 32222 32311-9107

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number *59-6200502* Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Clara B. White
6133 William Road
Tallahassee, FL 32311-9007

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.

SIGNATURE *Clara B. White* DATE *Sept. 12, 2001*

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW: FEE IS \$61.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TO NAME STREET ADDRESS CITY-ST-ZIP	<i>Clara B White</i> <i>6133 William Rd</i> <i>Tallahassee, FL 32311-9107</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>100004586381</i> <i>-09/13/01--01008--002</i> <i>*****70.00 *****70</i>
TITLE PO NAME STREET ADDRESS CITY-ST-ZIP	<i>Mrs. Roy W. Gibens</i> <i>11 Gibens Ave</i> <i>Palm, Coast, FL 32137-3341</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	<i>Mrs. Otha A Parkinson, Jr.</i> <i>4547 Merson Lane</i> <i>Jacksonville, FL 32205-4171</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	<i>Mr. James H. Conner</i> <i>1031 North Orange Rd</i> <i>Coconut, FL 32926-5329</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ORZEBBY (11/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Clara B. White* DATE *Sept. 12, 2001* 8789902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR