

2002 UNIFORM BUSINESS REPORT (UBR)

0061393

DOCUMENT # N47535

1. Entity Name

FLORIDA DIVISION, UNITED DAUGHTERS OF THE CONFEDERACY, INC.

Principal Place of Business

Mailing Address

**3708 PATTON AVE
ARCHIVES BUILDING
ELLENTON FL 34222**

**6133 WILLIAMS ROAD
TALLAHASSEE FL 32311-9107
US**

FILED

02 MAR 28 AM 10:58

SECRETARY OF STATE



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

59-6200502

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

**WHITE, CLARA B
6133 WILLIAMS ROAD
TALLAHASSEE FL 32311-9107**

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 Delete
NAME **TD WHITE, CLARA**
STREET ADDRESS **6133 WILLIAMS ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32311-9107**

Change Addition
200005289672--5
-04/17/02--01049--018
*******70.00 *****70.00**

TITLE Delete
NAME **PD LIKINS, ROY W MRS**
STREET ADDRESS **11 LIKINS AVE**
CITY-ST-ZIP **PALM COAST FL 32137-3341**

Change Addition

TITLE Delete
NAME **VD PARKINSON, OTIS A JR**
STREET ADDRESS **4547 MERSON LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32205-4171**

Change Addition

TITLE Delete
NAME **SD CONNER, JAMES H MR**
STREET ADDRESS **1031 NORTH RANGE ROAD**
CITY-ST-ZIP **COCOA FL 32926-5329**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

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: Clara B. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)