

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90072 036 ****61.25

DOCUMENT # N94000001027

1. Entity Name

FLORIDA CITY AND COUNTY MANAGEMENT FOUNDATION, I
NC

Principal Place of Business

Mailing Address

301 SOUTH BRONOUGH STREET
SUITE 300
TALLAHASSEE FL 32301

P.O. BOX 1757
TALLAHASSEE FL 32302

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3233397

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

TIPTON, LYNN
301 SOUTH BRONOUGH STREET
SUITE 300
TALLAHASSEE FL 32301

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 NAME	PPD LEE, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2401 53RD ST SOUTH GULFPORT FL 33737	
TITLE NAME	PD FERRIS, RON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	500 GREYNOLDS CIR LANTANA FL 33462	
TITLE NAME	STD YARBROUGH, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1672 S. RIDGEWOOD AVE DAYTONA BEACH FL 32119	
TITLE NAME	PED TONEY-DEAL, ANN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	502 HINSON AVE HAINES CITY FL 33845	
TITLE NAME	D BOWERS, WAYNE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	200 E UNIVERSITY AVE GAINESVILLE FL 32602	
TITLE NAME	D HOLLEY, CHRISTOPHER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1804 LEWIS TURNER BLVD, STE 400 FORT WALTON BEACH FL 32547	

TITLE NAME	STD PAMELA BRANGACCIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	18500 MURDOCK 5TH FLOOR PORT CHARLOTTE FL 33948-1084	
TITLE NAME	D LEE FELDMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	776 N.E. 125 ST NORTH MIAMI, FL-33161	
TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D STEPHEN J. COTTRELL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	901 PRINCE DE LEON BLVD BELLAIR, FL 33756	
TITLE NAME	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

CR2E037 (9/01)