

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90059 033 ****61.25

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1. Entity Name

**FLORIDA CITY AND COUNTY MANAGEMENT FOUNDATION, I
NC.**



Principal Place of Business

**301 SOUTH BRONOUGH STREET
SUITE 300
TALLAHASSEE FL 32301**

Mailing Address

**P.O. BOX 1757
TALLAHASSEE FL 32302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3233397**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Delete
NAME **BRANGACCIO, PAMELA**
STREET ADDRESS **18500 MURDOCK 5TH FLOOR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948-1084**

TITLE **PRES. Elect (PED)** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **FELDMAN, LEE**
STREET ADDRESS **776 N.E. 125 ST.**
CITY-ST-ZIP **N. MIAMI FL 33161**

TITLE **D** ☐ Change ☒ Addition
NAME **JAMES LEY**
STREET ADDRESS **1660 Ringling Blvd. 2nd floor**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **PD** ☐ Delete
NAME **YARBROUGH, JOSEPH**
STREET ADDRESS **1672 S. RIDGEWOOD AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **PPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PPD** ☒ Delete
NAME **TONEY-DEAL, ANN**
STREET ADDRESS **502 HINSON AVE**
CITY-ST-ZIP **HAINS CITY FL 33845**

TITLE **STD** ☐ Change ☒ Addition
NAME **kenneth Hammons**
STREET ADDRESS **9 HARRISON AVE**
CITY-ST-ZIP **Panama City, FL 32402-1880**

TITLE **D** ☐ Delete
NAME **COTTRELL, STEPHAN J**
STREET ADDRESS **901 PONCE DE LEON BLVD.**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **HOLLEY, CHRITOPHER**
STREET ADDRESS **1804 LEWIS TURNER BLVD, STE 400**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **PD** ☒ Change ☐ 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:

[Signature]

CR2E037 (10/02)