

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90015 001 ****61.25

DOCUMENT # N95000004928

1. Entity Name

BILLY EARL FOUNDATION, INC.

Principal Place of Business

Mailing Address

317 EAST CALL STREET
 TALLAHASSEE FL 32301

P O BOX 4148
 TALLAHASSEE FL 32312

2. Principal Place of Business

236 E. Fifth Ave.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip *32303*

Country *U.S.A.*

Zip

Country

4. FEI Number

59-3344106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYE, DON D
 317 EAST CALL STREET
 TALLAHASSEE FL 32301

Name *DON D. DYE*

Street Address (P.O. Box Number is Not Acceptable)

236 E. 5th Ave.

City *Tallahassee*

FL

Zip Code *32303*

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

2-14-01

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	PD DYE, DON D	<input type="checkbox"/> Delete
STREET ADDRESS	424 EL DESTINADO DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME	D DYE, JIMMY	<input type="checkbox"/> Delete
STREET ADDRESS	317 EAST CALL STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE NAME	D CHILDERS, SAM S	<input type="checkbox"/> Delete
STREET ADDRESS	2005 EAST FOREST DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE NAME	D BOUTIN, N. RICHARD JR.	<input type="checkbox"/> Delete
STREET ADDRESS	1619 DILLARD STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE NAME	D HAGEN, WILLIAM R	<input type="checkbox"/> Delete
STREET ADDRESS	2024 MIDDLEWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE NAME		<input 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01

Date

850-224-1205

Daytime Phone #

CR2E037 (10/00)