

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P34997**

1. Entity Name

**FOUNDATION FOR PUBLIC RELATIONS RESEARCH AND EDU**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90028 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

UNIVERSITY OF FLORIDA  
 3059-3061 WEINER HALL  
 GAINESVILLE FL 32611-8400  
 US

UNIVERSITY OF FLORIDA  
 P O BOX 118400  
 GAINESVILLE FL 32611-8400  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-6161619**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FELTON, JOHN W**  
**UNIVERSITY OF FLORIDA**  
**3061 WEIMER HALL**  
**GAINESVILLE FL 32611**

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

*[Handwritten Signature]*

*4/13/00*

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	VPT	<input type="checkbox"/> Delete
NAME	WHITE, W. WARD	
STREET ADDRESS	720 E WISCONSIN AVE	
CITY-ST-ZIP	MILWAUKEE WI 53202	
TITLE	PT	<input type="checkbox"/> Delete
NAME	FELTON, JOHN W	
STREET ADDRESS	UNIVERISTY OF FLORIDA 3061 WEIMER HALL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GRUNIG, LARISSA	
STREET ADDRESS	UNIVERSITY OF MARYLAND	
CITY-ST-ZIP	COLLEGE PARK MD	
TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	BERGEN, JOHN D	
STREET ADDRESS	1789 WRIGHTSTOWN RD.	
CITY-ST-ZIP	NEWTON PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	White, W. Ward	
STREET ADDRESS	720 E. Wisconsin Ave.	
CITY-ST-ZIP	Milwaukee, WI 53202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Ovaitt, Jr.	
STREET ADDRESS	2010 Corporate Ridge, Ste. 700	
CITY-ST-ZIP	McLean, VA 22102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Handwritten Signature]* **John W Felton, President** *4/13/00*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *352-300-0280*

CR2E037 19/99