

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90087 013 ****61.25

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DOCUMENT # P34997

1. Entity Name

FOUNDATION FOR PUBLIC RELATIONS RESEARCH AND EDU

Principal Place of Business

Mailing Address

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

UNIVERSITY OF FLORIDA
 P O BOX 118400
 GAINESVILLE FL 36211-8400
 US

735788



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

13-6161619

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

FELTON, JOHN W
UNIVERSITY OF FLORIDA
3061 WEIMER HALL
GAINESVILL 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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, W. WARD	NAME	
STREET ADDRESS	720 E WISCONSIN AVE	STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTON, JOHN W	NAME	<i>John W Felton</i>
STREET ADDRESS	UNIVERSITY OF FLORIDA 3061 WEIMER HALL	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	CO-CHAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVAIT, FRANK JR	NAME	
STREET ADDRESS	2010 CORPORATE RIDGE STE 700	STREET ADDRESS	
CITY-ST-ZIP	MC LEAN VA 22102	CITY-ST-ZIP	
TITLE	<i>Margery Kraus</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Margery Kraus</i>	NAME	
STREET ADDRESS	<i>1615 L ST NW, STE 900</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>WASHINGTON DC 20036</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *John W Felton* **John W Felton** President & CEO **4/2/01** **352 392 0280**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)