## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2000 8:00 am Secretary of State DOCUMENT # 714220 1. Entity Name FLORIDA CHAMBER OF COMMERCE FOUNDATION, INC. 04-11-2000 90233 023 \*\*\*\*61.25 Principal Place of Business Mailing Address P. O. BOX 11309 136 S BRONOUGH ST TALLAHASSEE FL 32302-3309 TALLAHASSEE FL 32301-7706 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-6209605 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CASSELS, LEON H 136 S. BRONOUGH ST TALLAHASSEE FL 32031 Zip Code City 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. Cur ye SIGNATURE DATE .Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Change Addition Delete TITLE RYLL, FRANK M JR. NAME NAME STREET ADDRESS 136 S. BRONOUGH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ Addition EVP TITLE Change TITLE ☐ Delete CASSELS, LEON NAME NAME STREET ADDRESS 136 S. BRONOUGH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Delete ☐ Change XX Addition D TITLE TITLE GOODE, R.R. NAME NAME McBride, Bill STREET ADDRESS STREET ADDRESS 3600 NW 82 AVE. P.O. Box 1288 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Tampa, FL 33601-1288 ☐ Addition Change ☐ Delete TITLE TITLE CASSELS, LEON H NAME NAME STREET ADDRESS STREET ADDRESS 136 S. BRONOUGH ST. CITY-ST-ZiP CITY-ST-7IP TALLAHASSEE FL 32301 ☐ Change XX Addition Delete TITI F TITLE Davis, Pamela PEDDIE, EDWARD NAME NAME STREET ADDRESS 12425 28 Street North #103 STREET ADDRESS 136 S. BRONOUGH ST. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301-7706 St. Petersburg, FL 33716 XX Addition Change TITLE TITLE ☐ Delete Dye, Michael NAME NAME STREET ADDRESS 2001 NW 107 Avenue STREET ADDRESS CITY-ST-Z<u>IP</u> Miami, FL 33172-2507 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

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