2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90051 043 ****61.25

DOCUMENT # 700348

1. Entity Name

THE FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
225 UNIV. CTR BLDG STE 3100 TALLAHASSEE FL 32306 US	225 UNIV CTR BLDG STE 3100 TALLAHASSEE FL 32306 US

B0007008

DO NOT WRITE IN THIS SPACE

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 59-6152180 ☐ Applied For ☐ Not Applic.

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
ROBISON, J. JEFFREY 225 UNIVERSITY CENTER, BLDG. C STE 3100 TALLAHASSEE FL 32306	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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT PETWAY, THOMAS F 2727 ATLANTIC BLVD JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT HINKLE, CLIFFORD R. 111 South Monroe Street, Suite 200B Tallahassee, FL 32312-1802	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT HINKLE, CLIFFORD R JR 215 S MONROE ST, #500 TALLAHASEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT APTHORP, JR., JAMES W. 2901 Rubideaux Lane Tampa, FL 33629-7341	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT BOOKOUT, JAMES M 225 UVIN CTR BLDG, STE 3100 TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT CAMERON, DIANNA L. 225 UVIN CTR BLDG, STE 3100 TALLAHASSEE FL 32306	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBISON, J J 225 UNIV CTR BLDG, STE 3100 TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST APTHROP, JAMES J 2901 RUBIDEAUX LANE TAMPA FL 33629	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GREENFIELD, ARNOLD L 3194 Via Abitare Way, Unit 19 Coconut Grove, FL 33133-5922	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HOWARD, CARLENE A 225 UNIV CTR BLDG C, STE. 3100 TALLAHASSEE FL 32306	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SPORES, MARILYN A 225 UVIN CTR BLDG, STE 3100 Tallahassee, FL 32306	☐ Change ☒ Addition

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: J. Jeffrey Robison SIGNATURE REQUIRED 1/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #