2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 700348** 1. Entity Name THE FLORIDA STATE UNIVERSITY FOUNDATION, INC. 01-30-2001 90153 011 ****61.25 Principal Place of Business Mailing Address 225 UNIV. CTR BLDG 225 UNIV CTR BLDG STE 3100 STE 3100 TALLAHASSEE FL 32306 TALLAHASSEE FL 32306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-6152180 Not Applicable Zip Country Zip Country \$8.75 Additional 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) ROBISON, J. JEFFREY 225 UNIVERSITY CENTER, BLDG. C STE 3100 City Zip Code TALLAHASSEE FL 32306 FL 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 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition HINKLE, CLIFFORD R NAME NAME STREET ADDRESS 111 SMONROE ST STE 2003 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE ☐ Delete TITLE Change Addition APTHORP, JAMES W JR NAME NAME STREET ADDRESS STREET ADDRESS 2901 BODIEAUX LÂNE CITY-ST-7IP CITY-ST-7IP TAMPA FL 33629 TITLE AT Delete TITLE ☐ Change ■ Addition CAMERON, DIANNA L NAME NAME STREET ADDRESS 225 UVIN CTR BLDG STE 3100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32306 Change ☐ Addition ☐ Delete TITLE ROBISON, J J STREET ADDRESS STREET ADDRESS 225 UNIV CTR BLDG, STE 3100 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL TITLE ☐ Delete ☐ Addition Change GREENFIELD, ARNOLD L NAME NAME STREET ADDRESS STREET ADDRESS 3194 VIA ABITARE WAY, UNIT 19

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

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

AS

COCONUT GROVE FL 33133

SPORES, MARILYN A

225 UVIN BLDG STE 3100

TALLAHASSEE FL 32306

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

JISEFFREY ROBISON 1/15/01

☐ Delete

☐ Change

☐ Addition