

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 709828**

1. Entity Name

THE ASSOCIATION OF FORMER STUDENTS OF THE FLORID

Principal Place of Business

**207 N SAN MARCO AVE
ST AUGUSTINE FL 32084-9799**

Mailing Address

**207 N SAN MARCO AVE
ST AUGUSTINE FL 32084-2799**

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

59-2403468

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOWELL, HERBERT H
207 N. SAN MARCO AVE.
ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, LEO	
STREET ADDRESS	2731 BLAIRSTONE ROAD APT. 74	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TRAYER, SALLY H	
STREET ADDRESS	6552 DIANE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	

TITLE	RS	<input type="checkbox"/> Delete
NAME	BELL, SHELLEY	
STREET ADDRESS	5422 MYRICA RD.	
CITY-ST-ZIP	ORLANDO FL 3281-720	

TITLE	CSD	<input type="checkbox"/> Delete
NAME	SOWELL, DOROTHY G	
STREET ADDRESS	3656 LEWIS SPEEDWAY	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SOWELL, HERBERT H	
STREET ADDRESS	3656 LEWIS SPEEDWAY	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE MYERS	
STREET ADDRESS	16 SAND DUNE ALLEY	
CITY-ST-ZIP	ST. AUGUSTINE, FLA. 32080	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSANDRA JESSIE	
STREET ADDRESS	1845 OLD MOULTRIE RD. APT. 21	
CITY-ST-ZIP	ST. AUGUSTINE, FLA. 32086	

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		

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:**Herbert H. Sowell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01

Date

904-829-8415

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CP2E037 (10/00)

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