

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90140 001 ***131.25

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DOCUMENT # 724991

1. Entity Name

FLORIDA WILDLIFE FEDERATION ENDOWMENT, INC.

Principal Place of Business

Mailing Address

2545 BLAIRSTONE PINES DR.
 P.O. BOX 6870
 TALLAHASSEE FL 32314

2545 BLAIRSTONE PINES DR.
 P.O. BOX 6870
 TALLAHASSEE FL 32314

36988



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

59-2738598

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

MENDELSON, ROBERT
815 E. PARK AVENUE
TALLAHASSEE FL 32301

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: VCD
 NAME: ADAMS, FRANKLIN
 STREET ADDRESS: 761 15TH ST NW
 CITY-ST-ZIP: NAPLES FL 34120 Delete

TITLE: CD
 NAME: David J. White
 STREET ADDRESS: 1700 Fairway Dr., South
 CITY-ST-ZIP: St. Petersburg, FL 33712 Change Addition

TITLE: P
 NAME: FULLER, MANLEY
 STREET ADDRESS: 2545 BLAIRSTONE PINES
 CITY-ST-ZIP: TALLAHASSEE FL Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank] Change Addition

TITLE: CD
 NAME: THOMPSON, LYNN A
 STREET ADDRESS: 908 THOMASVILLE RD
 CITY-ST-ZIP: TALLAHASSEE FL Delete

TITLE: VCD
 NAME: Virginia T. Brock
 STREET ADDRESS: 311 Old Magnolia Rd.
 CITY-ST-ZIP: Crawfordville, FL 32327 Change Addition

TITLE: VCD
 NAME: DOWD, RANDY
 STREET ADDRESS: P.O. BOX 1504
 CITY-ST-ZIP: DUNDEE FL 33838 Delete

TITLE: VCD
 NAME: Robert Reid
 STREET ADDRESS: 113 Davis Drive
 CITY-ST-ZIP: Niceville, FL 32578 Change Addition

TITLE: VCD
 NAME: WHITE, DAVID
 STREET ADDRESS: 4804 SW 45TH ST
 CITY-ST-ZIP: GAINESVILLE FL 32608 Delete

TITLE: VCD
 NAME: Michael Webster
 STREET ADDRESS: 1698 Geraldine Dr.
 CITY-ST-ZIP: Jacksonville, FL 32205 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank] Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank] 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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 (850) 656-7113

Date

Daytime Phone #

CR2E037 (10/00)