

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736231

1. Entity Name

THE GEORGE DREW CONGER, M.D. FOUNDATION FOR ABRAHAM BALDWIN AGRICULTURAL COLLEGE, INC.

Principal Place of Business

DEVELOPMENT/ALUMNI HOUSE
BOX 13 - ABAC STATION
TIFTON GA 31794-9693

Mailing Address

DEVELOPMENT/ALUMNI HOUSE
ABAC 13 2802 MOORE HIGHWAY
TIFTON GA 31794-2601
US

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 59-1778411

Applied For

Not Applicable

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

COOPER, R. BELVIN
5042 SW 87 PL
MIAMI FL 33165

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 ☐ Delete
NAME D HICKOK, PATTI A
STREET ADDRESS ONE OAKWOOD BLVD, SUITE 250
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD CHASON, MICHAEL D.
STREET ADDRESS ABAC STATION
CITY-ST-ZIP TIFTON GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD MERRILL, MELVIN L.
STREET ADDRESS ABAC 13 2802 MOORE HIGHWAY
CITY-ST-ZIP TIFTON GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VD CONGER, THOMAS A.
STREET ADDRESS 2404 N. ELK RUN
CITY-ST-ZIP FLAGSTAFF AZ 86004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D LOYD, HAROLD
STREET ADDRESS 218 WEST PARK STREET
CITY-ST-ZIP BROOKFIELD MO 64628

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D COOPER, R. BELVIN
STREET ADDRESS 5042 SW 87 PL
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90203 043 ****61.50



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)