

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90458 037 ****61.25

DOCUMENT # 740191

1. Entity Name

FOUNDATION TO FIGHT CORRUPTION, INC.

Principal Place of Business

Mailing Address

**HI-WAY C-270 NORTH SWEETWATER COMMUNITY
STAR ROUTE 2 BOX 54
BRISTOL FL 32321****HI-WAY C-270 NORTH SWEETWATER COMMUNITY
STAR ROUTE 2 BOX 54
BRISTOL FL 32321-9703**

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

59-1801632

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

**HATCHER, JIMMY
HI-WAY C-270 NORTH SWEETWATER COMMUNITY
STAR ROUTE 2 BOX 54
BRISTOL FL 32321**

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	HATCHER, JIMMY	STAR RT. 2 BOX 54	BRISTOL FL 32321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	EVERETT, CARY	516 S. 6TH STREET	CHIPLEY FL 32428	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	HATCHER, VIVIAN	STAR RT. 2 BOX 54	BRISTOL FL 32321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jimmy Hatcher 4-28-2000 850-643-2655