

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748892

1. Entity Name

JOHN GILMORE RILEY FOUNDATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90245 001 ***122.50

Principal Place of Business

Mailing Address

419 EAST JEFFERSON ST.
TALLAHASSEE FL 32302

419 EAST JEFFERSON ST.
TALLAHASSEE FL 32301-1817



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

59-2314894

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

TRAVIS, ROBERT L., JR.
16 NORTH ADAMS STREET
QUINCY FL 32351

Name
Travis, Robert L. Jr.

Street Address (P.O. Box Number is Not Acceptable)
2851 Muirwood Ct

City
Tallahassee

FL

Zip Code
32312

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 PD ☒ Delete
NAME POOLE, THOMAS H. SR.
STREET ADDRESS 419 EAST JEFFERSON ST.
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE PD ☒ Change ☐ Addition
NAME Paul Lassanske
STREET ADDRESS 223 Carr Lane
CITY-ST-ZIP Tallahassee FL 32312

TITLE SD ☒ Delete
NAME BARNES, ALTHESE
STREET ADDRESS 2619 SUMMERWOOD AVE.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE SD ☒ Change ☐ Addition
NAME Rose Perry-Platt
STREET ADDRESS 454 Ellis Road
CITY-ST-ZIP Tallahassee, FL 32311

TITLE TD ☒ Delete
NAME PEARSON, MARY
STREET ADDRESS 3128 GREEN ARBOR PL
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE TD ☒ Change ☐ Addition
NAME Sandra Drumming
STREET ADDRESS 2623 Bantry Bay Dr
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VPD ☒ Delete
NAME RUSSELL, LEON
STREET ADDRESS 419 EAST JEFFERSON ST.
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE VPD ☒ Change ☐ Addition
NAME Wanda Whitehead
STREET ADDRESS 6989 Napa Court
CITY-ST-ZIP Tallahassee, FL 32311

TITLE D ☒ Delete
NAME EVANS, CHARLES
STREET ADDRESS 419 EAST JEFFERSON ST.
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE D ☒ Change ☐ Addition
NAME Gwendolyn Spencer
STREET ADDRESS 3648 Shamrock West
CITY-ST-ZIP Tallahassee, FL 32308

TITLE D ☐ Delete
NAME TRAVIS, ROBERT
STREET ADDRESS 16 NORTH ADAMS STREET
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☒ Change ☐ Addition
NAME Sharyn Thompson
STREET ADDRESS 1229 Sarasota Drive
CITY-ST-ZIP Tallahassee, FL 32301

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:

Wanda Whitehead **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

891-7684

Daytime Phone #

CR2E037 (9/99)