2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91067 001 ***122.50

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DOCUMENT # 748892

1. Entity Name

JOHN GILMORE RILEY FOUNDATION, INC.

Principal Place of Business	Mailing Address
419 EAST JEFFERSON ST. TALLAHASSEE FL 32302	419 EAST JEFFERSON ST. TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

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 59-2314894 ☐ 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
TRAVIS, ROBERT L., JR. ~~16 NORTH ADAMS STREET~~ 2851 Muirwood Ct ~~QUINCY FL 32351~~ Tallahassee, FL 32312	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	PD POOLE, THOMAS H SR. 419 EAST JEFFERSON STREET TALLAHASSEE FL 32302	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Paul Lassanske 223 Carr Lane Tallahassee, FL 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARNES, ALTAMESE 2619 SUMMERWOOD AVENUE TALLAHASSEE FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Anita Davis 708 Bragg Drive Tallahassee, FL 32310	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PEARSON, MARY 3128 GREEN ARBOR PLACE JACKSONVILLE FL 32277	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Saundra Drumming 2623 Bantay Bay Tallahassee, FL 32308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RUSSELL, LEON 419 EAST JEFFERSON STREET TALLAHASSEE FL 32302	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Wanda Whitehead 6989 Napa Court Tallahassee, FL 32311	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, CHARLES 419 EAST JEFFERSON STREET TALLAHASSEE FL 32302	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Walter Kelly 824 Barrie Avenue Tallahassee, FL 32303	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRAVIS, ROBERT 16 NORTH ADAMS STREET QUINCY FL 32351	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Travis 2851 Muirwood Ct Tallahassee, FL 32312	☑ Change ☐ Addition

CR2E037 (10/00)

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: Robert Travis (Robert Travis) 4/26/01 (850)681.7881