2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # 760273** 1. Entity Name BIG BROTHERS & BIG SISTERS OF THE BIG BEND, INC. 05-15-2000 90293 001 ****61.25 Principal Place of Business Mailing Address 2337 WEDNESDAY ST. 2337 WEDNESDAY ST. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-4348 . 001911 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2130789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RASMUSSEN, RICH 405 EL DESTINADO DR TALLAHASSEE FL 32312 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW: Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change FENNERA, BUD NAME STREET ADDRESS STREET ADDRESS 3136 O'BRIEN DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ST TITLE □ Change ☐ Addition ☐ Delete TITLE RASMUSSEN, RICH NAME NAME STREET ADDRESS STREET ADDRESS 405 EL DESTINADO DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Addition ☐ Change TITLE ED ☐ Delete TITLE NAME SANDRIDGE, LEAH D NAME STREET ADDRESS STREET ADDRESS 2337 WEDNESDAY ST. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 VΡ ☐ Change ☐ Delete TITLE Addition TITLE LEEDS, STEPHANIE NAME NAME STREET ADDRESS 4113 WIGGINGTON RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE WALSH, DAN NAME NAME STREET ADDRESS STREET ADDRESS 1610-B WILLOW BEND WAY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

GRANDE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

4.28.00

386.6002

Daytime Phone #