## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # 765253** Feb 07, 2000 8:00 am 1. Entity Name **Secretary of State** JAMES GRANVILLE CUNNINGHAM FOUNDATION, INC. 02-07-2000 90020 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 203 LOMA DR 203 LOMA DR WINTER HAVEN FL 33881-9592 WINTER HAVEN FL 33881 2. Principal Place of Business Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number *tlfred* 59-2224336 AKE Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6." Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AMATO, PR 203 LOMA DR 36 Zip Code FL WINTER HAVEN FL 33881 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME WHITE. THOMAS L STREET ADDRESS STREET ADDRESS 6104 SW 84 ST CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LEE, OWEN DR STREET ADDRESS STREET ADDRESS 909 LAKE JESSIE DR CÌTÝ-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL Change ☐ Addition ☐ Delete TITLE TITLE LEESTAMPER, ROBERT DR L NAME NAME STREET ADDRESS STREET ADDRESS 207 HIGHLAND BLVD CITY-ST-ZIP CITY-ST-ZIP WATERLOO IA ☐ Change Addition ☐ Delete TITLE STD NAME AMATO, PR STREET ADDRESS STREET ADDRESS 203 LOMA DR, 36 CITY-ST-ZIP CITY-ST-ZIP winter haven fl ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12.1 Lhereby 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 trusted enjoyeered 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 acting supplemental report in the exemption of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Section 119.07(3)(iii), Florida Statutes. I further certificated in Section 119.07(iii), Florida Statutes. I further certifi

SIGNATURE: SIGNATURE AND TYPED OF PROTTED NAME OF SIGNING OFFICER OR DIRECT