

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90043 019 \*\*\*\*61.25

**DOCUMENT # 767508**

1. Entity Name

**CAPITAL CITY BANK GROUP FOUNDATION, INC.**

**B0005231**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

217 NORTH MONROE ST.  
 P.O. BOX 11248  
 TALLAHASSEE FL 32302-3248  
 US

~~217 NORTH MONROE ST.~~  
~~P.O. BOX 11248~~  
~~TALLAHASSEE FL 32302-3248~~  
 US

2. Principal Place of Business

3. Mailing Address

**1801 Apalachee Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Tallahassee, FL**

4. FEI Number

**59-2276367**

Applied For  
 Not Applicable

Zip

Country

Zip  
**32301**

Country

**US**

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

**RUGGIERO, DONALD L**  
~~217 NORTH MONROE ST~~  
~~TALLAHASSEE FL 32302~~

Name

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

**1801 Apalachee Pkwy**

City **Tallahassee**

**FL**

Zip Code  
**32301**

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 SMITH JR., WILLIAM G. 217 N. MONROE ST. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRON, THOMAS A. 217 N. MONROE ST. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUGGIERO, DONALD L 217 N. MONROE ST. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald L. Ruggiero* **Donald L. Ruggiero** 1/12/00 (850)671-0406