

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90065 004 ****61.25

DOCUMENT # 837106

1. Entity Name

THE FLAGLER FOUNDATION, INC.

Principal Place of Business

**209 W. HILLCREST AVE.
RICHMOND VA 23226
US**

Mailing Address

**P O BOX 8690
RICHMOND VA 23226
US**

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

54-6051282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONE, FRED M JR
1050 RIVERSIDE AVE
225 WATER STREET, SUITE 1235
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name **Frank J. Yong**
Street Address (P.O. Box Number is Not Acceptable)
701 Fisk Street
Suite 110
City **Jacksonville** FL Zip Code **32204**

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 file 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, LOUISE L 905 ROCKFORD RD HIGH POINT NC 27262	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, KENAN L 115 E HILLCREST AVE RICHMOND VA 23226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, BRISCOE B 115 E HILLCREST AVE RICHMOND VA 23226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, JANET P 209 WEST HILLCREST AVE RICHMOND VA 23226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLARD, LEWIS B JR 10638 CREST HILL RD MARSHALL VA 22115	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUER, JANET L 204 S ERLWOOD CT RICHMOND VA 23229	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sauer, Bradford B. 204 S. Erlwood Court Richmond, VA 23229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Brown, William H., III 5103 Harlan Circle Richmond, VA 23226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Royer, Pam J. 7825 Lakeforest Drive Richmond, VA 23235	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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:

Pam J. Royer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 (804) 285-4581
Date Daytime Phone #

CR2E037 (10/00)