

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90243 023 ***150.00

DOCUMENT # F00000002302

1. Entity Name
THE MOTLEY FOOL, INC.

Principal Place of Business
123 NORTH PITT STREET
ALEXANDRIA VA 22314

Mailing Address
123 NORTH PITT STREET
ALEXANDRIA VA 22314

977328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1742975**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **GARDNER, THOMAS**
 STREET ADDRESS **123 NORTH PITT STREET**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **GARDNER, DAVID**
 STREET ADDRESS **123 NORTH PITT STREET**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☒ Change ☒ Addition
 NAME **CEO, Director**
 STREET ADDRESS **Pat Garner**
 CITY-ST-ZIP **123 N Pitt Street**
Alexandria VA 22314

TITLE **VC00** ☐ Delete
 NAME **RYDHOLM, ERIK**
 STREET ADDRESS **123 NORTH PITT STREET**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☒ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Julie Brown**
 CITY-ST-ZIP **123 N Pitt Street**
Alexandria, VA 22314

TITLE **TCFO** ☒ Delete
 NAME **HILL, GARY**
 STREET ADDRESS **123 NORTH PITT STREET**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☒ Change ☐ Addition
 NAME **~~123 N Pitt Street~~ N/A**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SCLO** ☐ Delete
 NAME **GREENBERG, LAWRENCE**
 STREET ADDRESS **123 NORTH PITT STREET**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☒ Change ☒ Addition
 NAME **Schedler, Scott CFO**
 STREET ADDRESS **123 N. Pitt street**
 CITY-ST-ZIP **Alexandria, VA 22314**

TITLE **VCTO** ☐ Delete
 NAME **GIBBS, DWIGHT**
 STREET ADDRESS **123 NORTH PITT STREET**
 CITY-ST-ZIP **ALEXANDRIA VA 22314**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)