

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90099 021 ****61.25

DOCUMENT # F96000000864

1. Entity Name

THE HUMANITIES FOUNDATION, INC.

A0024880



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 270 W. COLEMAN BLVD. 1051-H JOHNNIE DODDS BLVD.
 SUITE 1-A 1051-H JOHNNIE DOBBS BLVD.
 MT PLEASANT SC 29464 MT. PLEASANT SC 29464-3100
 US 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 Applied For
57-0952289 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RANDOLPH, LAWRENCE T
100 S ASHLEY DR #2200
TAMPA FL 33602

7. Name and Address of New Registered Agent
 -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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP DORAN, TRACY T 270 W. COLEMAN BLVD., SUITE 1-A MT PLEASANT SC 29464	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAMBERSON, JJ 1051-H JOHNNIE DODDS BLVD. MT PLEASANT SC 29464	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, ROBERT J JR 1051-H JOHNNIE DODDS BLVD. MT PLEASANT SC 29464	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULAR, STEVE 4244 INTERNATIONAL PKWY., SUITE 134 ATLANTA GA 30354	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAN, SHANE J 1051-H JOHNNIE DODDS BLVD. MT PLEASANT SC 29464	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAMP, KAY D 1051-H JOHNNIE DODDS BLVD. MT PLEASANT SC	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Bonnie Lester 270 W. Coleman Blvd., Suite 1-A Mt. Pleasant, SC 29464	<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
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: Bonnie Lester, Executive Director Date: 2/23/00 (843) 856-4120

CR2E037 (9/99)