

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005934

1. Entity Name

NORRIS D. LANGSTON YOUTH SCHOLARSHIP FOUNDATION,

Principal Place of Business

Mailing Address

PO BOX 391  
PORT ST. JOE FL 32456

PO BOX 391  
PORT ST. JOE FL 32457-0391

2. Principal Place of Business

402 BATTLE STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 391

Suite, Apt. #, etc.

City & State

PORT ST. JOE, FLORIDA

City & State

PORT ST. JOE, FLORIDA

Zip

32456

Country

GULF

Zip

32456

Country

GULF

4. FEI Number

59-3528460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANGSTON, DAVID B  
402 BATTLE STREET  
PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent

Name

Langston, David B.

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

402 Battle Street

City

Port St. Joe,

FL

Zip Code

32456

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 *David B. Langston* LANGSTON, DAVID B. / PRESIDENT

Signature typed or printed name of Registered Agent and Title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-00

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	PS	<input type="checkbox"/> Delete
NAME	LANGSTON, DAVID B	
STREET ADDRESS	402 BATTLE STREET	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHITE, WILLIE S SR	
STREET ADDRESS	717 RICHARDSON STREET	
CITY-ST-ZIP	CHATTACHOOEE FL 32324	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, HENERY	
STREET ADDRESS	304 AVENUE F	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANGSTON, ERIC	
STREET ADDRESS	227 AVENUE D	
CITY-ST-ZIP	PORT ST JOE FL 32456	
TITLE	C	<input type="checkbox"/> Delete
NAME	RAFFIELD, EUGENE	
STREET ADDRESS	2103 CYPRESS AVENUE	
CITY-ST-ZIP	PORT ST JOE FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*David B. Langston* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-25-00



DO NOT WRITE IN THIS SPACE

FILED  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90132 045 \*\*\*\*61.25

CR2E037 (9/99)