

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90088 024 \*\*\*\*61.25

DOCUMENT # F98000005934

1. Entity Name

NORRIS D. LANGSTON YOUTH SCHOLARSHIP FOUNDATION,

Principal Place of Business

402 BATTLE ST  
PORT SAINT JOE FL 32456

Mailing Address

PO BOX 391  
PORT ST. JOE FL 32456

2. Principal Place of Business

3. Mailing Address

~~402 Battle Street~~  
Suite, Apt. #, etc.

~~P.O. Box 391~~  
Suite, Apt. #, etc.

City & State

City & State

Port St. Joe, FLA?

Port St. Joe, Fla.

Zip

Country

Zip

Country

32456

Gulf

32456

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

7. Name and Address of New Registered Agent

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

Name

Langston, David B

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

402 Battle Street

Port St. Joe,

City

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

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID B LANGSTON/FOUNDER DIRECTOR

04-25-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Adrain Wynn 237 8th Street Apalachicola, FL 323210	<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	Eric Langston Treasurer 227 Avenue D Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Martha Sanborn 1018 Marvin Avenue Port St. Joe, FL 32456	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Eugene Raffield 2103 Cypress Avenue Port St. Joe, FL 32456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Vanessa Dawson 1113 Thomas Drive Blounstown, fl 32424	<input type="checkbox"/> Change <input checked="" 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: *David B. Langston* 04-25-01 850-227-1980

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)