2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90148-030-$550.00-$550.00

DOCUMENT # L14451

1. Entity Name

BAT MANAGEMENT FOUNDATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -6 PM 1:27

Principal Place of Business	Mailing Address
501 S. PALM AVE. PALATKA FL 32177 US	501 S. PALM AVE. PALATKA FL 32177 US

DO NOT WRITE IN THIS SPACE

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 59-3007732 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, PAUL C
501 S. PALM AVE.
PALATAKA FL 32177

7. Name and Address of New Registered Agent

Name: Marjorie Allen

Street Address (P.O. Box Number is Not Acceptable): 501 S. PALM AVE

City: WALDO FL Zip Code: 32177

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: MARJORIE L. ALLEN Marjorie L. Allen 9-29-00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLEN, PAUL C. 501 SOUTH PALM AVENUE PALATKA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLEN, MARJORIE L. 501 S. PALM AVE. PALATKA, FL. 32177	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD POSEY, J. THORNTON 5635 PECK ROAD ARCADIA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD POSEY, J. THORNTON 5635 PECK RD. ARCADIA FL.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALLEN, PAUL C. 501 SOUTH PALM AVENUE PALATKA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEDFORD SARA 501 S. PALM AVE. PALATKA, FL. 32177	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALLEN, MARJORIE L. 501 SOUTH PALM AVENUE PALATKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALLEN, MARJORIE 501 S. PALM AVE PALATKA, FL. 32177	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/10	☐ Change ☐ Addition

CR2E034 (5/00)

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: Marjorie L. Allen Pres 8-24-00 904-329-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #