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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
ALLEN, PAUL C 501 S. PALM AVE. PALATAKA FL 32177	Name: Marjorie Allen Street Address (P.O. Box Number is Not Acceptable): 501 S. PALM AVE City: WAHOO 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 — Signature, typed or printed name of registered agent and title if applicable. Marjorie L. Allen (NOTE: Registered Agent signature required when reinstating) 9-29-00 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: PD NAME: ALLEN, PAUL C. STREET ADDRESS: 501 SOUTH PALM AVENUE CITY-ST-ZIP: PALATKA FL	☑ Delete	TITLE: PD NAME: ALLEN, MARJORIE L. STREET ADDRESS: 501 S. PALM AVE. CITY-ST-ZIP: PALATKA, FL. 32177	☑ Change ☐ Addition
TITLE: VD NAME: POSEY, J. THORNTON STREET ADDRESS: 5635 PECK ROAD CITY-ST-ZIP: ARCADIA FL	☐ Delete	TITLE: VD NAME: POSEY, J. THORNTON STREET ADDRESS: 5635 PECK RD. CITY-ST-ZIP: ARCADIA FL.	☐ Change ☐ Addition
TITLE: TD NAME: ALLEN, PAUL C. STREET ADDRESS: 501 SOUTH PALM AVENUE CITY-ST-ZIP: PALATKA FL	☑ Delete	TITLE: VD NAME: BEDFORD SARA STREET ADDRESS: 501 S. PALM AVE. CITY-ST-ZIP: PALATKA, FL. 32177	☐ Change ☑ Addition
TITLE: SD NAME: ALLEN, MARJORIE L. STREET ADDRESS: 501 SOUTH PALM AVENUE CITY-ST-ZIP: PALATKA FL	☐ Delete	TITLE: SD NAME: ALLEN, MARJORIE STREET ADDRESS: 501 S. PALM AVE CITY-ST-ZIP: 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	☐ 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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 8-24-00 Date — 904-329-2277 Daytime Phone #