

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000472

1. Entity Name

THE BILL ROLLO FOUNDATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90078 020 *****61.25

Principal Place of Business

3110 MEGINNIS ARM RD
TALLAHASSEE FL 32312

Mailing Address

3110 MEGINNIS ARM RD
TALLAHASSEE FL 32312

2. Principal Place of Business

Suite, Apt. #, etc.

OK

3. Mailing Address

Suite, Apt. #, etc.

OK

City & State

~~Tallahassee~~

City & State

Tallahassee FL

Zip

~~32312~~

Country

Zip

Tallahassee FL

Country

4. FEI Number

59-3713670

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, MARK S
245 E VIRGINIA ST
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
PD
FELL, RONALD M
3010 MEGINNIS ARM RD
TALLAHASSEE FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BISHOP, BARNEY
10976 LUNA PT RD
TALLAHASSEE FL 32312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, NANCY H
1500 E. JOHNSON AVE #214
PENSACOLA FL 32514

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
3010 MEGINNIS ARM RD.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/02 850 385-1764

Date

Daytime Phone #

CR2E037 (9/01)