

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90299 004 \*\*\*\*61.25

**DOCUMENT # N00000000472**

1. Entity Name

**THE BILL ROLLO FOUNDATION, INC.**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3713670**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>PD</b>	<b>FELL, RONALD M</b>	<b>3010 MEGINNIS ARM RD TALLAHASSEE FL 32312</b>	<input type="checkbox"/>						
	<b>D</b>	<b>BISHOP, BARNEY</b>	<b>10976 LUNA PT RD TALLAHASSEE FL 32312</b>	<input type="checkbox"/>						
	<b>D</b>	<b>WILLIAMS, NANCY H</b>	<b>1500 E. JOHNSON AVE #214 PENSACOLA FL 32514</b>	<input type="checkbox"/>						
	<b>RODITH M FELL</b>	<b>3010 MEGINNIS ARM RD</b>	<b>TALLAHASSEE FL 32312</b>	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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:

**SIG Ronald M Fell**

**1/12/03 850 3851764**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)