

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 03, 2001 8:00 am
Secretary of State

04-14-2001 90021 039 ****61.25

DOCUMENT # N00000004126

1. Entity Name

PALMER KING BOARD OF DIRECTORS EDUCATION FOUNDAT

Principal Place of Business

727 SE 11TH ST.
 GAINESVILLE FL 32641-7121

Mailing Address

727 SE 11TH ST.
 GAINESVILLE FL 32641-7121

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

59-3639774

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

ALEXANDER, GLADYS D
727 SE 11TH ST.
GAINESVILLE FL 32641-7121

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, GLADYS D	
STREET ADDRESS	727 SE 11TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32641-7121	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, NATHANIEL B	
STREET ADDRESS	1216 SE 12TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, JULIA M	
STREET ADDRESS	1205 SE 11TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERSON, CORA P	
STREET ADDRESS	1631 SE 41ST AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADWELL, VERNELL	
STREET ADDRESS	4728 SE 19TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

Madelyn J. P. [Signature] 357/376-7033
 3-29-01

CR2E037 (10/00)