

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

May 18, 2001 8:00 am
Secretary of State

03-15-2001 90193 005 ****61.25

DOCUMENT # N00000004862

1. Entity Name

THE L.D. GAVIN FOUNDATION FOR AT RISK AND ECONOM

Principal Place of Business

725 NW 7TH ST.
WEBSTER FL 33597

Mailing Address

P. O. BOX 1373
WEBSTER FL 33597-1373

2. Principal Place of Business

725 NW Seventh St.

Suite, Apt. #, etc.

N/A

3. Mailing Address

P.O. BOX 1373

Suite, Apt. #, etc.

N/A

City & State

Webster, FL

City & State

Webster, FL 33

Zip

33597

Country

U.S.

Zip

33597

Country

U.S.

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAVIN, LAFREDA D
725 NW 7TH ST.
WEBSTER FL 33597

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 of the principal officer or director of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	CEO	☐ Delete
NAME	Lafreda D. Gavin	
STREET ADDRESS	725 NW Seventh St.	
CITY- ST- ZIP	Webster, FL 33597	
TITLE	Jr. CEO	☐ Delete
NAME	813 Jody Lane	
STREET ADDRESS	Webster FL 33597	
CITY- ST- ZIP	Webster FL 33597	
TITLE	Secretary	☐ Delete
NAME	871 Sixth Street	
STREET ADDRESS	Webster FL 33597	
CITY- ST- ZIP	Webster FL 33597	
TITLE	Cory L. Gavin Jr. CEO	☐ Delete
NAME	813 Jody Lane	
STREET ADDRESS	Webster FL 33597	
CITY- ST- ZIP	Webster FL 33597	
TITLE	Vivian Gavin Sec'y	☐ Delete
NAME	871 Sixth Street	
STREET ADDRESS	Webster, FL 33597	
CITY- ST- ZIP	Webster, FL 33597	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ 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)(f), 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] SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352)-793-2525

CR2E037 (10/00)