

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000604904**

1. Entity Name

LEROY AND ALICE PATE FAMILY FOUNDATION, INC.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90486 014 *****61.25

Principal Place of Business

**18246 HANCOCK BLUFF ROAD
DADE CITY FL 33523**

Mailing Address

**18246 HANCOCK BLUFF ROAD
DADE CITY FL 33523**

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

59-3467465

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PATE, LEROY L
13540 N. FLORIDA AVENUE
SUITE 203
TAMPA FL 33613**

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
PATE, LEROY
18246 HANCOCK BLUFF ROAD
DADE CITY FL 33523** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
PATE, ALICE S
18246 HANCOCK BLUFF ROAD
DADE CITY FL 33523** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WATSON, LYNNE P
1936 CAHABA CREST DRIVE
BIRMINGHAM AL 35242** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PATE, BETH A
10875 MORTONS CIRCLE
ALPHARETTA GA 30022** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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:

ALICE S. PATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/01 352-588-0926

CR2E037 (10/00)