2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2001 8:00 am

DOCUMENT # NOO00004989 1. Entity Name ROBERT L. DENNARD FAMILY FOUNDATION, INC.					Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90098 047 ****61.25			
Principal Plac	e of Business	Mailing Address						
1545 OAK LANE CLEARWATER FL 33764		1545 OAK LANE CLEARWATER FL 33764			COMPLICA			
2. Principal F	Place of Business	3. Mailing Address						
		· ·			And the state of t			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	668566		plied For t Applicable	}
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add	litional	1
	6. Name and Address of Current	Registered Agent	N	7. Name and	Address of New Register			1
,				Name Street Address (P.O. Box Number is Not Acceptable)				
	n, alan s Urt St, suite 102	Street Addre		diess (P.O. Box Numbe	is Not Acceptable)			1
	ATER FL 33756		City			Zip Code		
D. The electric	named entity submits this statement for					Zip Code	<u> </u>	
SIGNATURE	Meele J. Den Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	and title if applicable. (NOTE: I	inancing	\$5.00 May Be Added to Fees	Make Chec	/o - Ol ck Payable to ent of State		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTORS IN	10	}_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNARD, MERLE T 1545 OAK LANE CLEARWATER FL 33764	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	00/01/200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNARD, DAVIT T 102 DAVIDSON DR DALTON GA 30720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNARD, ROBERT L JR PO BOX 2007 LARGO FL 33779	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	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: