

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001105

1. Entity Name
THE DAVIS PRODUCTIVITY AWARDS FOUNDATION, INC.

Principal Place of Business

106 N BRONOUGH ST.
TALLAHASSEE FL 32301

Mailing Address

106 N BRONOUGH ST.
TALLAHASSEE FL 32301

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

59-370 9411

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

CALABRO, DOMINIC M.
106 N BRONOUGH ST.
TALLAHASSEE FL 32301

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 ~~DELETE~~
NAME DOUGLAS, T. ONEAL
STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DR
CITY-ST-ZIP JACKSONVILLE FL 32224 (LEAVE ON)

TITLE ☐ Delete
NAME EVANS, STEVE
STREET ADDRESS 101 N MONROE ST, STE 750
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME CALABRO, DOMINIC M
STREET ADDRESS 106 N BRONOUGH ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☒ Delete
NAME COBB, CHARLES E JR
STREET ADDRESS 255 ARAGON AVE, STE 333
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME CHARLES T. OHLINGER
STREET ADDRESS 400 N. ASHLEY DR., SUITE 1775
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Change ☒ Addition
NAME ALFRED HOFFMAN, JR.
STREET ADDRESS 24301 WALDEN CENTER DR.
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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)(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 OF OFFICER: Dominic M. Calabro / Dominic M. Calabro / Jan. 23, 2002 / 5052

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90046 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)