

2002 UNIFORM BUSINESS REPORT (UBR)

10f2

0006273

DOCUMENT # NO1000006943

1. Entity Name

FRIENDS OF THE KNOTT HOUSE, INC.

Principal Place of Business

Mailing Address

301 E. PARK AVE.
TALLAHASSEE FL 32301

301 E. PARK AVE.
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

500 S. Bronough St.

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32399

Leon

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, JANET SNYDER
FLORIDA DEPARTMENT OF STATE
500 S. BRONOUGH ST.
TALLAHASSEE FL 32399

Name

Patsy B. McLeod

Street Address (P.O. Box Number is Not Acceptable)

500 S. Bronough St.

City

Tallahassee

FL

Zip Code

32399

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 ☐ Delete
NAME DOBSON, NANCY
STREET ADDRESS 224 RUADH RIDE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME RIVERS, LARRY
STREET ADDRESS 411 TUCKER HALL, FLORIDA A&M UNIVERSITY
CITY-ST-ZIP TALLAHASSEE FL 32307

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME MOYLE, JON
STREET ADDRESS 118 N. GADSDEN ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Janet Snyder Matthews
STREET ADDRESS 500 S. Bronough St.
CITY-ST-ZIP Tallahassee, FL 32399

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Patsy B. McLeod
STREET ADDRESS 500 S. Bronough St.
CITY-ST-ZIP Tallahassee, FL 32399

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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: Patsy B. McLeod

CR2E037 (9/01)

2082

CNPPR.IT4 - 01 RUN DATE 03/12/2002 AS OF 03/12/2002
FLAIR - CENTRAL ACCOUNTING

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE
(850)245-6550

SWDN D2000505559 ADOCNO V004991

| ACCOUNT CODE | | | | | CF | TC | OBJECT | AMOUNT | BENEFITTING DATA | | | | | CF | TC | OBJECT |
|-----------------------------|----|---|--------|-----------------------|-----|-----|--------|--------|---------------------|----|---|--------|-----------------------|-------|-----|--------|
| ----- | | | | | --- | --- | ----- | ----- | ----- | | | | | --- | --- | ----- |
| 45 | 10 | 1 | 000132 | 45200200 00 040000 00 | 25 | | 4990 | 61.25 | 45 | 50 | 2 | 130001 | 45300100 00 000100 00 | | | 45 |
| | | | | | | | | | INVOICE # 000006943 | | | | | 61.25 | | |
| TRANSACTION CODE TOTAL - 25 | | | | | | | 61.25 | 45 | | | | | | | | 61.25 |

TR 96

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ENTERED MAR 1 3 2002