

2002 UNIFORM BUSINESS REPORT (UBR)

0052186

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DOCUMENT # N01000007692

1. Entity Name

FRIENDS OF THE OLD FLORIDA CAPITOL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 15 PM 12:00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

THE OLD CAPITOL
400 SOUTH MONROE ST
TALLAHASSEE FL 32399-0250

Mailing Address

THE OLD CAPITOL
400 SOUTH MONROE ST
TALLAHASSEE FL 32399-0250

2. Principal Place of Business

500 S. Bronough Sr.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-3753544

Applied For

Not Applicable

Zip

32399

Country

Leon

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, JANET S
FLORIDA DEPARTMENT OF STATE
500 SOUTH BRONOUGH STREET
TALLAHASSEE FL 32399

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
D
HUNT, E.L. ROY
2721 SW 4TH PL
GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEYLAND, LEEDELL W PH.D.
2522 BLARNEY DR
TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HORNE, MALLORY E
301 S BRONOUGH ST
TALLAHASSEE FL 32301 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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☐ 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:

Patsy B. McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

CNPPPJT4 - 01 RUN DATE 03/12/2002 AS OF 03/12/2002
FLAIR - CENTRAL ACCOUNTING

450000 00
PAGE 14

20F2

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 D2000505557 ADOCNO V004989

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	----- BENEFITTING DATA ----- ACCOUNT CODE	CF	TC	OBJECT
5 10 1 000132 45200200 00 040000 00		25	4990	61.25	45 50 2 130001 45300100 00 000100 00 INVOICE # 000007692		45	61.25
TRANSACTION CODE TOTAL - 25				61.25	45	61.25		

TR96
453001
21
001015
000100

ENTERED MAR 13 2002