

04-23-2003 90166 029 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

4/2

DOCUMENT # N02000002778

1. Entity Name  
 THE FLORIDA FUND FOUNDATION, INC.

55048886

Principal Place of Business  
 800 NORTH CALHOUN STREET  
 TALLAHASSEE FL 32303

Mailing Address  
 800 NORTH CALHOUN STREET  
 TALLAHASSEE FL 32303

2. Principal Place of Business  
 P.O. BOX 10775  
 Suite, Apt. #, etc.

3. Mailing Address  
 100 E Collier Ave  
 Suite 640

City & State  
 TALLAHASSEE, FL  
 Zip 32302 Country LEON

City & State  
 TALLAHASSEE  
 Zip 32301 Country LEON

4. FEI Number 52-2366027  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
 C. PATRICK ROBERTS  
 800 NORTH CALHOUN STREET  
 TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent  
 Name: JEFFREY STRAUSS  
 Street Address (P.O. Box Number is Not Acceptable):  
 100 E Collier Ave, Suite 640  
 City: TALLAHASSEE FL Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Pat Roberts DATE: 4/19/03  
Signature, typed or printed name of registered agent and (Use if applicable). (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D SECRETARY JIM KROG 215 S. MONROE ST. STE 601 TALLAHASSEE, FL 32301-1804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D TREASURER MICHAEL RAYMON 150 S. MONROE ST. STE 400 TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D CHIEF COUNSEL 150 S. MONROE ST, Suite 400 Tallahassee, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Required DATE: 4/19/03 550 224 1660  
Signature and typed or printed name of business officer or director