

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12821

1. Entity Name

FRIENDS OF THE FULBRIGHT COMMISSION IN EGYPT, IN

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90041 012 ****70.00

| | |
|---|---|
| Principal Place of Business C/O AULSEY, MCMULLEN ET AL 227 S CALHOUN ST TALLAHASSEE FL 32301 US | Mailing Address C/O AULSEY, MCMULLEN ET AL 227 S. CALHOUN ST TALLAHASSEE FL 32301-1805 US |
|---|---|

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| 2. Principal Place of Business c/o Mr. Mitchell W. Legler Suite, Apt. #, etc. 300 A Wharfside Way City & State Jacksonville, FL Zip 32207 Country USA | 3. Mailing Address c/o Mr. Mitchell W. Legler Suite, Apt. #, etc. 300 A Wharfside Way City & State Jacksonville, FL Zip 32207 Country USA |
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DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-2607909 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

HULL, DAVID J
MACFARLANE AUSLEY FERGUSON & MCMULLEN
227 S. CALHOUN ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Legler, Mitchell W. Attorney at Law
Street Address (P.O. Box Number is Not Acceptable)
300 Wharfside Way
City
Jacksonville FL Zip Code
32207

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 Mitchell W. Legler 4/24/00
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 | PVD BEAN, LEE LAWRENCE 227 S. CALHOUN ST. TALLAHASSEE FL 32301 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RADWAN, ANN B. 227 S. CALHOUN ST. TALLAHASSEE FL 32301 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NASHIF, ZIAD 227 S. CALHOUN ST. TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVD Bean, Lee Lawrence 300 A Wharfside Way Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Radwan, Ann B. 300 A Wharfside Way Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Johnson, Carrie Lynn 300 A Wharfside Way Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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)(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: ANN B. RADWAN 4.18.2000 904/346-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)