

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20644

1. Entity Name

THE JAMES MADISON INSTITUTE - A FOUNDATION FOR F

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

05-05-2000 90051 016 ****70.00

Principal Place of Business

Mailing Address

2017 DELTA BLVD
TALLAHASSEE FL 32303
US

POST OFFICE BOX 37460
TALLAHASSEE FL 32315-7460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2811908

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHRISTIAN, SUSAN
2017 DELTA BLVD
STE 102
TALLAHASSEE FL 3233

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PCD ☒ Delete
NAME DELANEY, JOHN
STREET ADDRESS OFFICE OF THE MAJOR, ST. JAMES BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE CD ☐ Change ☒ Addition
NAME Mallory E. Horne
STREET ADDRESS 301 S. Bronough, Ste 200
CITY-ST-ZIP Tallahassee FL 32301

TITLE D ☐ Delete
NAME MARSHALL, J. STANLEY
STREET ADDRESS P.O. BOX 37460
CITY-ST-ZIP TALLAHASSEE FL 32315-7460

TITLE PD ☐ Change ☒ Addition
NAME Moore, Edwin H.
STREET ADDRESS 2017 Delta Blvd. Ste 102
CITY-ST-ZIP Tallahassee FL 32303

TITLE CD ☒ Delete
NAME DELANEY, JOHN A
STREET ADDRESS 220 E BAU ST FL 14
CITY-ST-ZIP JACKSONVILLE FL 32202-3481

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

TITLE DT ☐ Delete
NAME CHRISTIAN, SUSAN T
STREET ADDRESS 2017 DELTA BLVD.
CITY-ST-ZIP TALLAHASSEE FL ~~32312~~

TITLE Corp. Secy ☒ Change ☐ Addition
NAME (not director)
STREET ADDRESS
CITY-ST-ZIP 32303

TITLE TD ☒ Delete
NAME SHAW, FRANK S JR
STREET ADDRESS PO BOX 407 N/A
CITY-ST-ZIP LAKELAND FL 33802

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:

Susan T. Christian 4-17-00 850-386-3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)