

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90016 023 \*\*\*\*61.25

**DOCUMENT # N21538**

1. Entity Name

**MARJORIE KINNAN RAWLINGS SOCIETY, INC.**

Principal Place of Business

Mailing Address

DEPT. OF ENGLISH  
 UNIVERSITY OF FLORIDA  
 GAINESVILLE FL 32611-7310

DEPT. OF ENGLISH  
 UNIVERSITY OF FLORIDA  
 GAINESVILLE FL 32611

H0000310



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

**59-2928755**

Applied For

Not Applied For

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

**RIVERS, VALERIE R**  
**MARJORIE KINNAN RAWLINGS STATE HIST. SITE**  
**RURAL ROUTE 3, BOX 92**  
**HAWTHORNE FL 32640**

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:**  
**SEE 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  Delete  
 NAME **S THOMPSON, SHIRLEY**  
 STREET ADDRESS **1 PELICAN REEF**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE  Delete  
 NAME **P INGRAM, JOHN**  
 STREET ADDRESS **2247 N.W. 11AVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE  Delete  
 NAME **PD WOODS, SUSAN**  
 STREET ADDRESS **3711 RIVER HALL DR**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Delete  
 NAME **T JACOWAY, T H**  
 STREET ADDRESS **1516 MOSELEY AVE**  
 CITY-ST-ZIP **PALATKA FL**

TITLE  Delete  
 NAME **D MAY, PHILIP JR**  
 STREET ADDRESS **4324 MCGIRTS BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE  Delete  
 NAME **S DAVIS, PATRICIA**  
 STREET ADDRESS **585 55 AVE NE**  
 CITY-ST-ZIP **ST PETERSBURG FL 33703**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Delete  
 NAME *secretary* **DAVIS, PATRICIA**  
 STREET ADDRESS **585 55 AVE. NE**  
 CITY-ST-ZIP **ST. Petersburg, FL. 33703-2501**

TITLE  Change  Delete  
 NAME *I did not notice, she is already listed as secretary*  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Delete  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *T.H. JACOWAY* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/7/00* Date

*(904)328-8845* Daytime Phone #