

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24286

1. Entity Name

MILTON MURRAY FOUNDATION FOR PHILANTHROPY, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90070 038 ****61.25

Principal Place of Business

Mailing Address

C/O RICHARD LEIGH
1801 LEE RD #360
WINTER PARK FL 32789
US

C/O RICHARD LEIGH
1801 LEE RD #360
WINTER PARK FL 32789-2165
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2898461

Applied For

Not Applicable

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

RICHARD LEIGH
1801 LEE RD #360
WINTER PARK FL 32789

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 ☐ Delete
NAME DAVIS, LUANN
STREET ADDRESS 3800 SOUTH 48TH STREET
CITY-ST-ZIP LINCOLN NE

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

TITLE ☐ Delete
NAME RAKER, RUSSELL J
STREET ADDRESS 11700 W. LAKE PARK DRIVE
CITY-ST-ZIP MILWANKEE WI 53224

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

TITLE ☐ Delete
NAME CLOSSER, JAMES
STREET ADDRESS 530 CANTON PASS
CITY-ST-ZIP MADISON TN

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

TITLE ☐ Delete
NAME COLWELL, DAVID
STREET ADDRESS 11234 ANDERSON ST
CITY-ST-ZIP LOMA LINDA CA

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

TITLE ☐ Delete
NAME JOHNSON, KAREN
STREET ADDRESS 204 S COLLEGE AVE
CITY-ST-ZIP COLLEGE PLACE WA

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

TITLE ☐ Delete
NAME LOREN DICKINSON
STREET ADDRESS 204 S. COLLEGE AVE
CITY-ST-ZIP COLLEGE PLACE WA

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:

SIGNATURE REQUIRED Colwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00

909-558-4778

Date

Daytime Phone #

CR2E037 (9/99)