

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35307

1. Entity Name

FLORIDA PREPAID COLLEGE FOUNDATION, INC.

Principal Place of Business

Mailing Address

1801 HERMITAGE BLVD
SUITE 210
TALLAHASSEE FL 32308
US

P.O. BOX 1117
TALLAHASSEE FL 32302-1117
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANK, F. PHILIP
204 S. MONROE ST.
TALLAHASSEE FL 32301

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 DC ☐ Delete
NAME TATE, STANLEY G
STREET ADDRESS 1175 NE 125TH ST.
CITY-ST-ZIP NORTH MIAMI FL

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

TITLE D ☐ Delete
NAME WALLACE, TOM
STREET ADDRESS 1801 HERMITAGE BLVD 210
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE VSD ☐ Delete
NAME BLANK, PHILIP F ESQUIRE
STREET ADDRESS 204 SOUTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE FL 32302

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

TITLE BDM ☐ Delete
NAME HINKLE, LEE
STREET ADDRESS 136 S. BRONOUGH ST
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 111 S. Monroe, Suite 2000A
CITY-ST-ZIP 32301

TITLE BDM ☐ Delete
NAME DAVIS, NANCY
STREET ADDRESS 80 SW 8TH STREET SUITE 2110
CITY-ST-ZIP MIAMI FL 33130

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:

Thomas Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000 850/922-6740

Date Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90156 013 ****61.25

00004488



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3012202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)