

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90024 021 ****61.25

DOCUMENT # N35532

1. Entity Name

CHARLES A. FRUEAUFF FOUNDATION, INC.

Principal Place of Business

Mailing Address

**S. SHACKLEFORD RD.. #300
 ROCK AR**

**900 S. SHACKLEFORD RD.. #300
 LITTLE ROCK AR 72211-3848**



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

11-5605371

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

**MCCULLY, A.C.
 730 LIVE OAK PLANTATION ROAD
 TALLAHASSEE FL 32312**

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 **D**
 STREET ADDRESS **FANNING, KARL P.**
 CITY-ST-ZIP **790 BOGUE ST.
 FAIRPLAY CO 80440**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **FRUEAUFF, SUE, M**
 CITY-ST-ZIP **3101 MISTY LANE
 LITTLE ROCK AR 72227**

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **FALLON, JAMES P.**
 CITY-ST-ZIP **39 LAWRENCE FARMS CRSWWY
 CHAPPAQUA NY**

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

TITLE ☐ Delete
 NAME **TDV**
 STREET ADDRESS **KLEIN, CHARLES T.**
 CITY-ST-ZIP **56344 VULTURE MINE RD
 WICKENBURG AZ 85358**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **FRUEAUFF, DAVID A.**
 CITY-ST-ZIP **8192 LONDONBERRY RD.
 NASHVILLE TN 37221**

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

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **MCCULLY, A. C**
 CITY-ST-ZIP **730 LIVE OAK PLANTATION ROAD
 TALLAHASSEE FL**

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: *David A. Frueauff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

615 309 0003

Date

Daytime Phone #

CR2E037 (9/99)