

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40988

1. Entity Name

MARIANNA HIGH SCHOOL FOUNDATION, INC.

Principal Place of Business

2979 DANIEL STREET
MARIANNA FL 32446
US

Mailing Address

PO BOX 6193
MARIANNA FL 32447
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3124063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWEARINGEN, GLENDA F.
4431 LAFAYETTE ST
MARIANNA FL 32446

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FREE, RANDY	
STREET ADDRESS	3541 OLD US ROAD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WIMBERLY, REX	
STREET ADDRESS	4421 SPRING VALLEY RD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRANT, BARBARA	
STREET ADDRESS	P O BOX 207	
CITY-ST-ZIP	MARIANNA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, JILL	
STREET ADDRESS	PO BOX 399 N/A	
CITY-ST-ZIP	MALONE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, BILLY	
STREET ADDRESS	4376 WILTON ST	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANK, JAMES	
STREET ADDRESS	2846-B REMINGTON GREEN CIR	
CITY-ST-ZIP	TALLAHASSEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)