## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 31, 2000 8:00 am Secretary of State **DOCUMENT # N42233** 1. Entity Name 03-31-2000 90055 034 \*\*\*\*61.25 THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL Principal Place of Business Mailing Address 106 E COLLEGE AVE 106 E COLLEGE AVE MUUJAJIT SUITE 820 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-7740 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3052307 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required Leon 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRIFFITH, SHARON 3311 VAILLAN CT. TALLAHASSEE FL 32312 Zip Code FL 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. 3/29/2000 SIGNATURE \_ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **⊠** Delete ☐ Change Addition TITLE TITLE NAME MCKNIGHT, ROBERT Eladio A. Amores NAME STREET ADDRESS STREET ADDRESS 1830 BUFORD ST Tampa International Airport, Suite A-24 CITY-ST-ZIP CITY-ST-ZIP tallahassee Fl Tampa, FL 33607 ☐ Change Addition TITLE Delete TITLE ADSIDE, DOROTHY W NAME Florence M. Bonsuk STREET ADDRESS STREET ADDRESS P O BOX 561042 214 Worth Avenue CITY-ST-7IP CITY-ST-ZIP miami fl Palm Beach, FL 33480 Change Addition **⊠** Delete TITLE JERNIGAN, WARREN H. NAME James P. Dolan STREET ADDRESS STREET ADDRESS 2210 WARREN JERNIGAN PLACE 4802 Deer Lake Drive, East Jacksonville, FL 32246-6484 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Delete ☐ Change Addition TITLE TITLE VCD NAME NAME KOEPKE, NANCY James L. Smith STREET ADDRESS STREET ADDRESS 1256 LAKE WILLISARA CIR 205 SW 75th Street, Apt. 3F CITY-ST-7IP CITY-ST-7IP ORLANDO FL 32806 Cainesville, FL 32607 ☐ Change **≥** Delete Addition TITLE TITLE NAME NAME SPELIOS, GEORGE L. (DDS Dennis A. McNenney STREET ADDRESS STREET ADDRESS 16920 SW 192ND ST 11819 SW 78th Terrace CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33187 Miami, FL 33183 Change Addition Delete TITLE TITLE NAME CONNELLY, DAVID L NAME Bridget R. Pallango STREET ADDRESS STREET ADDRESS 2108 WOOLAND BV 14130 S. Biscayne River Drive CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in School (i), As its 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: \_shall PACTURE COLD

3/29/00 (850) 224-4493

**FILED**