

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90275 044 \*\*\*\*61.25

**DOCUMENT # N42233**

1. Entity Name

**THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL****723857**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
106 E COLLEGE AVE 820 TALLAHASSEE FL 32301 US	106 E COLLEGE AVE SUITE 820 TALLAHASSEE FL 32301 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3052307	Not Applicable

5. Certificate of Status Desired	Fee Required
<input type="checkbox"/>	\$8.75 Additional

6. Name and Address of Current Registered Agent
GRIFFITH, SHARON 3311 VAILLAN CT. TALLAHASSEE FL 32312

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	<i>Sharon F. Griffith</i>	Sharon F. Griffith, President	2/27/01
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	AMORES, ELADIO A
STREET ADDRESS	TAMPA INTERNATIONAL AIRPORT, SUITE A-24
CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> Delete
NAME	BONSUK, FLORENCE M
STREET ADDRESS	214 WORTH AVENUE
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	<input type="checkbox"/> Delete
NAME	SD
STREET ADDRESS	DOLAN, JAMES P
CITY-ST-ZIP	4802 DEER ALKE DRIVE EAST JACKSONVILLE FL 32246-6484
TITLE	<input type="checkbox"/> Delete
NAME	VCD
STREET ADDRESS	SMITH, JAMES L
CITY-ST-ZIP	205 SW 75TH ATREET APT 3F GAINESVILLE FL 32607
TITLE	<input type="checkbox"/> Delete
NAME	CD
STREET ADDRESS	MCMENNEY, DENNIS A
CITY-ST-ZIP	11819 SW 78TH STREET APT 3F GAINESVILLE FL 32607
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	PALLANGO, BRIDGET R
CITY-ST-ZIP	14130 S. BISCAYNE RIVER DRIVE MIAMI FL 33161

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James G. Saunders
STREET ADDRESS	326 Inner Harbour Circle
CITY-ST-ZIP	Tampa, FL 33602
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherra G. Payne
STREET ADDRESS	4002 Buchanan Street
CITY-ST-ZIP	Hollywood, FL 33021-5911
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy M. Spencer
STREET ADDRESS	United Way of the Big Bend
CITY-ST-ZIP	307 E. Seventh Avenue Tallahassee, FL 32303
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:	<i>Sharon F. Griffith</i>	Chair	2/27/01	(850) 224-4493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E037 (10/00)