

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

0000996

DOCUMENT # N42886

1. Entity Name

FLORIDA FELLOWSHIP, INC.

03-14-2001 90482 036 ****61.25

Principal Place of Business

**3375-G CAPITAL CIR.
TALLAHASSEE FL 32308**

Mailing Address

**3375-G CAPITAL CIR.
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3085176

Applied For

Not Applicable

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

**THOMSON, W. FREDERICK
3375-G CAPITAL CR. NE
TALLAHASSEE FL 32308**

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 **D** ☒ Delete
NAME **LAMB, RICHARD**
STREET ADDRESS **2536 MARSTON RD.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Wilton Duncan**
STREET ADDRESS **3421 Valley Creek Drive**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D** ☐ Delete
NAME **THOMSON, W. FREDERICK**
STREET ADDRESS **2921 WOODSIDE DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Bill Brueckheimer**
STREET ADDRESS **835 N. Forrest Drive**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **D** ☒ Delete
NAME **WEST, ROBERT W.**
STREET ADDRESS **3082 WATTERFORD DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **D** ☐ Delete
NAME **WILLIS, STEVEN M.**
STREET ADDRESS **4494 O'SHEA CT.**
CITY-ST-ZIP **TALLAHASSEE FL**

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

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:

W. Thomson **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/2001
Date

(850) 395-7444
Daytime Phone #

CR2E037 (10/00)