

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44633

1. Entity Name

JAMES F. MULLEN MEMORIAL FUND, INC.

Principal Place of Business

910 CONTENTO STREET
SARASOTA FL 34242

Mailing Address

910 CONTENTO STREET
SARASOTA FL 34242

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

65-0279577

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

COPPINGER, BOIES P., JR.
910 CONTENTO STREET
SARASOTA FL 34242

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 ~~VD~~ SCHNEIDER, BERNARD R
NAME
STREET ADDRESS 3983 PRAIRIE DUNES DR
CITY-ST-ZIP SARASOTA FL 34238

TITLE PD STULTS, ELWIN M., III
NAME
STREET ADDRESS 5233 VANDERIPPE ROAD
CITY-ST-ZIP SARASOTA FL 34241-9592

TITLE STD COPPINGER, BOIES P., JR.
NAME
STREET ADDRESS 910 CONTENTO ST.
CITY-ST-ZIP SARASOTA FL 34242-1816

TITLE VD STONE, JOHN A.
NAME
STREET ADDRESS 377 REDWOOD ROAD
CITY-ST-ZIP VENICE, FL 34293

TITLE VD MCLEOD, BENJAMIN F.
NAME
STREET ADDRESS 3722 TORREY PINES BLVD.
CITY-ST-ZIP SARASOTA, FL 34238

TITLE VD ALBERTSON, DON L.
NAME
STREET ADDRESS 4136 WOODVIEW DRIVE
CITY-ST-ZIP SARASOTA, FL 34238

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS NEW
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:

B.P. Coppinger, Jr. BOIES P. COPPINGER, JR.

01/04/01 (941) 549-1719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90031 019 ****61.25

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DO NOT WRITE IN THIS SPACE

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