

2000 UNIFORM BUSINESS REPORT (UBR)

47

FILED

May 19, 2000 8:00 am
Secretary of State

04-24-2000 90062 001 ****70.00

DOCUMENT # N46088

1. Entity Name

ELDER FLORIDIANS FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 16183
TALLAHASSEE FL 32317-6183P.O. BOX 16183
TALLAHASSEE FL 32317-6183

2. Principal Place of Business

3. Mailing Address

249 PINEWOOD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32308

Country

USA

Zip

Country

4. FEI Number

59-3118900

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

LASSANSKE, PEGGY

1322 THOMASWOOD DR.
TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

249 PINEWOOD DRIVE

City

TALLAHASSEE FL

Zip Code

32308

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIPSCOMB, E. BENTLEY	
STREET ADDRESS	2721 NEUCHATEL DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JIMMY	
STREET ADDRESS	1406 HAYS STE 7	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EARLY, MARY ELLEN	
STREET ADDRESS	759 N. TORCHWOOD DR	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSCOMB, E. BENTLEY	
STREET ADDRESS	400 CARILLON PARKWAY SUITE 100	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT A. JACKSON	
STREET ADDRESS	1800 SECOND STREET SUITE 760	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. SANDRA G. CHAMBLEE	
STREET ADDRESS	1045 TABIT ROAD	
CITY-ST-ZIP	BELE GLADE, FL 33430	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES E. MESSER, JR.	
STREET ADDRESS	3375 CAPITAL CIRCLE N.E. BLDG. A	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. KATHY ARANT	
STREET ADDRESS	2518 W. TENNESSEE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
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

Date

Daytime Phone #

CR2E037 (9/99)