

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007764

DOCUMENT # N46609

1. Entity Name

MICHAEL SCOTT SPEICHER MEMORIAL FOUNDATION FOR FSC

APPROVED  
AND  
FILED

00 FEB 22 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1420 GOLF TERRACE  
TALLAHASSEE FL 32301

1420 GOLF TERRACE  
TALLAHASSEE FL 32301-5603

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

59-3110928

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

BOGE, SAMANTHA D.  
2803 RABBIT HILL RD  
TALLAHASSEE FL 32312

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 ☐ Delete  
NAME TR  
STREET ADDRESS MCKENZIE, W GUY JR  
CITY-ST-ZIP 122 APPELYARD DR  
TALLAHASSEE FL

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

TITLE ☐ Delete  
NAME TR  
STREET ADDRESS MCKENZIE, BRIGITTE  
CITY-ST-ZIP 1420 GOLF TERRACE DR  
TALLAHASSEE FL

TITLE ☐ Change ☐ Addition  
NAME 200003155682-40  
STREET ADDRESS -03/03/00--01006--013  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE ☐ Delete  
NAME TR  
STREET ADDRESS SPEICHER, JOANNE  
CITY-ST-ZIP 3089 DOCTORS LAKE DRIVE  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME TR  
STREET ADDRESS CUMMINGS, SAMANTHA  
CITY-ST-ZIP 2803 RABBIT HILL RD  
TALLAHASSEE FL

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

TITLE ☐ Delete  
NAME TR  
STREET ADDRESS HIGDON, CANTEY  
CITY-ST-ZIP 221 NORTH STREET  
QUINCY FL

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

TITLE ☐ Delete  
NAME TR  
STREET ADDRESS HIGDON, MARILYN  
CITY-ST-ZIP 221 NORTH STREET  
QUINCY FL

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. Guy McKenzie Jr.  
SIGNATURE REQUIRED

2-20-00

850-878-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

KE