

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50294

1. Entity Name

DR. JOHN GORRIE SCIENCE FOUNDATION OF FRANKLIN C

Principal Place of Business

73 AVENUE E
APALACHICOLA FL 32320
US

Mailing Address

P.O. BOX 488
APALACHICOLA FL 32320

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

59-3139634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, CLIFF
73 AVENUE E
APALACHICOLA FL 32320

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

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 ☐ Delete

NAME PD
STREET ADDRESS BUTLER, DENISE D
CITY-ST-ZIP 1 SHARK BLVD.
APALACHICOLA FL

TITLE ☐ Delete

NAME VD
STREET ADDRESS BUTLER, DAVID K
CITY-ST-ZIP 206 A ST. JAMES AVENUE
CARABELLE FL

TITLE ☐ Delete

NAME STD
STREET ADDRESS BUTLER, CLIFF
CITY-ST-ZIP 73 AVENUE E
APALACHICOLA FL 32320

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Cliff Butler, RECIPIENT

9/10/01

850-653-2126

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90162 039 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)