## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N9200000561 Jan 26, 2000 8:00 am **Secretary of State** JOHN C. UPDIKE CHARITABLE FOUNDATION, INC. 01-26-2000 90025 010 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 231 P.O. BOX 231 LAKE WALES FL 33859-0231 LAKE WALES FL 33859-0231 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3153233 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \_ Street Address (P.O. Box Number is Not Acceptable) UPDIKE, LAWRENCE C 68 Mammoth Grove Road <del>-5937 -HIGHWAY 60 EAST-</del>-LAKE WALES FL 33859-0231 City 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 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP ☐ Change ☐ Addition TITLE X Delete TITLE NAME UPDIKE, JOHN C NAME STREET ADDRESS STREET ADDRESS 5937 HWY 60 EAST CITY-ST-ZIE CITY-ST-ZIP LAKE WALES FL 33853 ☐ Addition ☐ Change DST TITLE ☐ Delete TITLE updike, Jean S NAME NAME STREET ADDRESS STREET ADDRESS 68 MAMMOTH GROVE ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 ☐ Change ☐ Addition DV----TITLE -Delete TITLE UPDIKE, JOHN C JR. NAME NAME STREET ADDRESS STREET ADDRESS 68 MAMMOTH GROVE ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 ☐ Change ☐ Addition DP TITLE ☐ Delete TITLE NAME taylor, letta j NAME STREET ADDRESS STREET ADDRESS **68 MAMMOTH GROVE ROAD** CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 Change ☐ Delete TITLE CLEGG, KATHERINE U NAME NAME STREET ADDRESS STREET ADDRESS **68 MAMMOTH GROVE ROAD** CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 ☐ Addition TITLE ☐ Delete Change KNIGHT, PEGGY U NAME NAME STREET ADDRESS **68 MAMMOTH GROVE ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 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

SIGNATURE: SIGNATURE: PREDICTION OF SIGNING OFFICER OR DIRECTOR Date Date Date Description Phone #

with all other like empowered.

changed, or on an attachment with an address