.2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # N9400003541 05-16-2001 90375 046 ****61.25 DAWSEY FOUNDATION, INC. Principal Place of Business Mailing Address 15210 AMBERLY DR 15210 AMBERLY DR #1311 #1311 TAMPA FL 33647 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address 13704 3UN CT. Suite, Apt. #, etc. 13704 SUNCT. Suite! Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State TAMPA, City & State Applied For 4. FEI Number TAMPA, FL 59-3260391 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired **USA** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAWRENCE DAWSEY Street Address (P.O. Box Number is Not Acceptable) DAWSEY, LAWRENCE 6511 STONINGTON DR 13704 SUN'CT **TAMPA FL 33647** Zip Code 33624 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. 4-30-01 SIGNATURE Signature, typed or printed name of registered agent and title if appli (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE DAWSEY, LAWRENCE NAME NAME 13704 SUN CT. STREET ADDRESS STREET ADDRESS 6511 STONINGTON DR TAMPA, FL 33624 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Addition TITLE ☐ Delete TITLE TAPLIN, LILLY NAME NAME STREET ADDRESS STREET ADDRESS RT. 4 BOX 311 CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL 36303 ☐ Change ☐ Addition TITLE ☐ Delete -TITI F NAME GRIFFIN, FLOYD NAME STREET ADDRESS STREET ADDRESS RT. 4 BOX 311 CITY-ST-ZIP CITY-ST-ZIP DOTHAN AL 36303 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

813-963-2393 4-30-01 SIGNATURE:/2