

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000004198**

1. Entity Name

**F.P.S.A.A. JAMES A. COOK MEMORIAL FUND, INC.****FILED****Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90045 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**ATTN: JUDITH MAXWELL**  
**P.O. BOX 1247**  
**HIGH SPRINGS FL 32655****ATTN: JUDITH MAXWELL**  
**P.O. BOX 1247**  
**HIGH SPRINGS FL 32655**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Attn: Judith Maxwell**

3. Mailing Address

**Attn: Judith Maxwell**

Suite, Apt. #, etc.

**558 S.W. Maxwell Court**

Suite, Apt. #, etc.

**558 S.W. Maxwell Court**

City &amp; State

**Fort White, FL**

City &amp; State

**Fort White, FL**

4. FEI Number

**59-3305640**

Applied For

Not Applicable

Zip

**32038**

Country

**Columbia**

Zip

**32038**

Country

**Columbia**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

**APTHORP, GEORGE**  
**460 WAKULLA PARK DRIVE**  
**WAKULLA SPRINGS FL 32305**

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 **SD** ☐ Delete  
NAME **MAXWELL, JUDITH**  
STREET ADDRESS **ROUTE 2, BOX 1010**  
CITY-ST-ZIP **HIGH SPRINGS FL 32643**TITLE ☒ Change ☐ Addition  
NAME **558 S.W. Maxwell Court**  
STREET ADDRESS **Fort White, FL 32038**  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **DONROSKI, RICHARD**  
STREET ADDRESS **2629 ROYAL PALM DR**  
CITY-ST-ZIP **EDGEWATER FL 32142**TITLE **PD** ☒ Change ☐ Addition  
NAME **Domroski, Richard**  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **RUADLE, ROBERT**  
STREET ADDRESS **1421 MOSELEY AVENUE**  
CITY-ST-ZIP **PALATKA FL 32177**TITLE ☒ Change ☐ Addition  
NAME **Rundle, Robert**  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **WERNDL, PHILIP**  
STREET ADDRESS **3272 RUE DE LAFITTE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**TITLE **VD** ☐ Change ☒ Addition  
NAME **Cook, Sandym**  
STREET ADDRESS **460 Wakulla Park Drive**  
CITY-ST-ZIP **Wakulla Springs, FL 32305**TITLE **VD** ☐ Delete  
NAME **CARTER, DOUG**  
STREET ADDRESS **5423 SHORE DRIVE**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: *Judith Maxwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/02 (352) 955-2135**

CP2E037 (9/01)