

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90276 037 \*\*\*\*61.25

**DOCUMENT # N94000004198**

1. Entity Name

F.P.S.A.A. JAMES A. COOK MEMORIAL FUND, INC.



Principal Place of Business

ATTN: JUDITH MAXWELL  
558 SW MAXWELL CT  
FORT WHITE FL 32038

Mailing Address

ATTN: JUDITH MAXWELL  
558 SW MAXWELL CT  
FORT WHITE FL 32038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3305640**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

APTHORP, GEORGE  
460 WAKULLA PARK DRIVE  
WAKULLA SPRINGS FL 32305

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MAXWELL, JUDITH	
STREET ADDRESS	558 SW. MAXWELL CT.	
CITY-ST-ZIP	FORT WHITE FL 32038	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DONROSKI, RICHARD	
STREET ADDRESS	2629 ROYAL PALM DR	
CITY-ST-ZIP	EDGEWATER FK 32142	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUNDLE, ROBERT	
STREET ADDRESS	1421 MOSELEY AVENUE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, DOUG	
STREET ADDRESS	5423 SHORE DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOK, SANDY	
STREET ADDRESS	460 WAKULLA PARK DR.	
CITY-ST-ZIP	WAKULLA SPRINGS FL 32305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* JUDITH MAXWELL 1/27/03 (352) 955-2135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)