

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005337

1. Entity Name

LEDGERPLUS NATIONAL ADVERTISING FUND, INC.

Principal Place of Business

Mailing Address

401 ST. FRANCIS STREET
TALLAHASSEE FL 32301

401 ST. FRANCIS STREET
TALLAHASSEE FL 32301-2219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-3302854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HARRISON, JOHN
401 ST. FRANCIS STREET
TALLAHASSEE FL 32301

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WALDRUFF, ROBERT	
STREET ADDRESS	JEFFERSON BLDG., 8100 3 STEP RD.	
CITY-ST-ZIP	RICHMOND VA 23229	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRACY, THOMAS A	
STREET ADDRESS	3118 PARK AVE. STE 106	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, TED	
STREET ADDRESS	401 ST FRANCIS ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LENG, KENNETH R	
STREET ADDRESS	1400 BOTTLE GROUND DR. STE 205	
CITY-ST-ZIP	GREENSBORO NC 27408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	RON BAKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	401 ST. FRANCIS ST	
STREET ADDRESS	Tallahassee FL 32312	
CITY-ST-ZIP		
TITLE	David A. Bankston, Sr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8910 N. Dale Mabry Hwy	
STREET ADDRESS	Tampa FL 33614	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90055 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4/13/00 850-681-1941