**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 10, 2001 8:00 am DOCUMENT # N9500000477 **Secretary of State** 1. Entity Name 07-10-2001 90108 001 \*\*\*\*61.25 THE FIRST AMERICANS AND EARLY SETTLERS FOUNDATIO Principal Place of Business Mailing Address 3171 BERNATH DRIVE 3171 BERNATH DRIVE BERNATH PLACE BERNATH PLACE MILTON FL 32583 MILTON FL 32583 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 59-3299912 Not Applicable Country \$8.75 Additional Zip Country 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) **ELLIOTT, FRANCES H** 3171 BERNATH DRIVE BERNATH PLACE City Zip Code MILTON FL 32583 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 TE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. . TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition **ELLIOTT BEASLEY, FRANCES H** NAME NAME STREET ADDRESS 3171 BERNATH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MILTON FL** TD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NIX, JANICE C NAME NAME STREET ADDRESS STREET ADDRESS 6588 MANNING RD CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 Change SD Delete TITLE Addition TITLE RAGAN, JOYCE E = - -NAME. STREET ADDRESS STREET ADDRESS 3188 BERNATH DRIVE CITY-ST-ZIP CITY-ST-ZIF MILTON FL 32583 ☐ Change Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

DIQUE DI 80-494505