

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002475

1. Entity Name

BUDD BELL FOUNDATION, INC.

Principal Place of Business

2107 WOODSTOCK LANE
TALLAHASSEE FL 32303

Mailing Address

2107 WOODSTOCK LANE
TALLAHASSEE FL 32303-2738

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

BELL, BUD K
411 EAST COLLEGE AVE
TALLAHASSEE FL 32301

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.

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

TITLE PD ☐ Delete
NAME BELL, B L
STREET ADDRESS 2107 WOODSTOCK LANE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VTD ☐ Delete
NAME ALBRITTON, GAIL K
STREET ADDRESS 1732 SILVERWOOD DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☐ Delete
NAME WOOD, GLENDA M
STREET ADDRESS 2983 BAYSHORE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE T ☐ Delete
NAME FISHER, TAD P
STREET ADDRESS 411 EAST COLLEGE AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90060 032 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3321831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required