

2002 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BELL, BUDD
411 EAST COLLEGE AVE
TALLAHASSEE FL 32301

4. FEI Number

59-3321831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

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

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

TITLE 2VP
NAME BURHANS, JEANNE
STREET ADDRESS PO BOX 15984
CITY-ST-ZIP TALLAHASSEE FL 32317-5944 ☐ Delete

TITLE S
NAME FISHEK, CHRISTINE
STREET ADDRESS 411 EAST COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 #

TAD P. Fisher, Treasurer 4/8/02 850 224-1401

CR2E037 (9/01)