

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

FILED
May 09, 2003 8:00 am
Secretary of State

4/1

04-16-2003 90173 014 ****61.25

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**

33033200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3321831**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, BUDD
411 EAST COLLEGE AVE
TALLAHASSEE FL 32301**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **VP + Treasurer** ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS
CITY-ST-ZIP **VTD**

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

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

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

TITLE **2VPD** ☒ Change ☐ Addition
NAME **Burhans, Jeanne**
STREET ADDRESS **P.O. BOX 15984**
CITY-ST-ZIP **Tallahassee, FL 32317-5944**

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

TITLE ☒ Change ☐ Addition
NAME **Fisher, Christine SD**
STREET ADDRESS **4479 Harbour North Court**
CITY-ST-ZIP **Jacksonville, FL 32225-1084**

TITLE ☐ Delete
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 #

4/15/03 855 875-1098

CR2E037 (10/02)