

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90106 012 ****61.25

DOCUMENT # N95000004707
 1. Entity Name
THE STEPHEN C. SMITH MEMORIAL REGATTA FOUNDATION

Principal Place of Business 3548 TRILLIUM COURT TALLAHASSEE FL 32312 US	Mailing Address 3548 TRILLIUM COURT TALLAHASSEE FL 32312-1717 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 31-1525711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**STEPHENS, RICHARD L.
 3548 TRILLIUM CT
 TALLAHASSEE FL 32312**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, RICHARD L. 3548 TRILLIUM CT. TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, LINDA 3500 VALLEY CREEK DRIVE TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERZPOLSKI, STAN 1830 MYRICK RD. TALLAHASSEE FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEY, WRIGHT 6725 APPOLO TRAIL TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HACKMEYER, MICHELLE 5025 LOUVINIA DR. TALLAHASSEE FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, DEBORAH JEAN 3537 HARTSFIELD RD TALLAHASSEE FL 32303

11. BY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE AUGUSTINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOANNE VESECKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM LUGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUSTINE, STEVEN G 1410 WEKEWA NENE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUGER, WILLIAM 2979 HUNTINGTON DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESECKY, JOANNE 153 BEATY TAFF DR. CRAWFORDVILLE, FL 32326

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 titles empowered.

SIGNATURE: Richard L. Stephens **RICHARD L. STEPHENS** **PRESIDENT** 3/13/00 850/410-7354
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)