

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

0014629

**DOCUMENT # N95000004707**

1. Entity Name

**THE STEPHEN C. SMITH MEMORIAL REGATTA FOUNDATION**

04-04-2001 90099 049 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business<br><b>3548 TRILLIUM COURT<br/>TALLAHASSEE FL 32312<br/>US</b> | Mailing Address<br><b>3548 TRILLIUM COURT<br/>TALLAHASSEE FL 32312<br/>US</b> |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

4. FEI Number **31-1525711** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**SEE 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>STEPHENS, RICHARD L.</b><br><b>3548 TRILLIUM CT.</b><br><b>TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DOWNEY, LINDA</b><br><b>3500 VALLEY CREEK DRIVE</b><br><b>TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DERZPOLSKI, STAN</b><br><b>1830 MYRICK RD.</b><br><b>TALLAHASSEE FL 32303</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>FINNEY, WRIGHT</b><br><b>6725 APPOLO TRAIL</b><br><b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST</b><br><b>HACKMEYER, MICHELLE</b><br><b>5025 LOUVINIA DR.</b><br><b>TALLAHASSEE FL 32310</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BASS, DEBORAH JEAN</b><br><b>3537 HARTSFIELD RD</b><br><b>TALLAHASSEE FL 32303</b> <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>STEPHENS, RICHARD L.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3548 TRILLIUM CT</b><br><b>TALLAHASSEE, FL 32312</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T</b><br><b>DOWNEY, LINDA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3500 VALLEY CREEK DR.</b><br><b>TALLAHASSEE, FL 32312</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S</b><br><b>HACKMEYER, MICHELE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5025 LOUVINIA DR</b><br><b>TALLAHASSEE, FL 32310</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: RICHARD L. STEPHENS DATE: 3/30/01 DAYTIME PHONE #: 855/410-7354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

# N95000004707 938952-nent

The Stephen C. Smith Memorial Regatta Foundation  
31-1525711

Block 11. Additions/changes to officers and directors (block 10).

P (addition)  
Steven Augustine  
1410 Wekewa Nene  
Tallahassee, FL 32301

D (addition)  
Gregory Crowner  
6498 Broadtree Ct.  
Tallahassee, FL 32311

D (addition)  
Mark Voigt  
109 Tallavana Dr.  
Havana, FL 32333

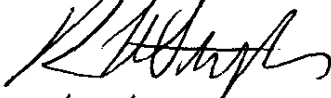
D (addition)  
Marianne Gengenbach  
989 Rehwinkel Rd.  
Crawfordville, FL 32327

D (addition)  
Thomas Berger  
810 Middlebrook Circle  
Tallahassee, FL 32312

D (addition)  
Joanne Vesecky  
133 Beaty-Taff-Dr.  
Crawfordville, FL 32327

D (addition)  
Kate Morgan  
1410 Wekewa Nene  
Tallahassee, FL 32301

12. CERTIFIED

  
3/30/01

RICHARD L. STEPHENS