

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


**FILED**  
**Jun 03, 2003 8:00 am**  
**Secretary of State**

06-03-2003 90038 023 \*\*\*\*61.25

0007021

**DOCUMENT # N95000004707**

1. Entity Name  
**THE STEPHEN C. SMITH MEMORIAL REGATTA FOUNDATION, INC.**



Principal Place of Business  
**3548 TRILLIUM COURT  
TALLAHASSEE FL 32312  
US**

Mailing Address  
**3548 TRILLIUM COURT  
TALLAHASSEE FL 32312  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

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

5. Certificate of Status Desired  **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEPHENS, RICHARD L</b>	
STREET ADDRESS	<b>3548 TRILLIUM CT.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DOWNEY, LINDA</b>	
STREET ADDRESS	<b>3500 VALLEY CREEK DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DERZPOLSKI, STAN</b>	
STREET ADDRESS	<b>1830 MYRICK RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FINNEY, WRIGHT</b>	
STREET ADDRESS	<b>6725 APPOLO TRAIL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AUGUSTINE, STEVEN</b>	
STREET ADDRESS	<b>1410 WEKEWA NENE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VOIGT, MARK</b>	
STREET ADDRESS	<b>109 TALLAVANA DR</b>	
CITY-ST-ZIP	<b>HAVANA FL 32333</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DERZPOLSKI, STAN</b>	
STREET ADDRESS	<b>1830 MYRICK RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>AUGUSTINE STEVEN</del>	
STREET ADDRESS	<del>1410 WEKEWA NENE</del>	
CITY-ST-ZIP	<del>TALLAHASSEE, FL 32301</del>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GENGENBACH, MARIANNE</b>	
STREET ADDRESS	<b>989 RENWINKLE RD</b>	
CITY-ST-ZIP	<b>CRAWFORDVILLE, FL 32327</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: STEPHENS, RICHARD L. DATE: 4/15/03 DAYTIME PHONE #: 850-894-2454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (10/02)