

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004928

1. Entity Name

BILLY EARL FOUNDATION, INC.

Principal Place of Business

Mailing Address

317 EAST CALL STREET  
TALLAHASSEE FL 32301

317 EAST CALL STREET  
TALLAHASSEE FL 32301-7609

2. Principal Place of Business

3. Mailing Address

P.O. Box 4148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Tallahassee, FL

Zip

Country

Zip

32312

Country

U.S.

4. FEI Number

59-3344106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYE, DON D  
317 EAST CALL STREET  
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

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME DYE, DON D  
STREET ADDRESS 7893 MCCLURE DR.  
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE P/D  
NAME  
STREET ADDRESS 424 El Destinado Dr.  
CITY-ST-ZIP Tallahassee, FL 32312

☒ Change ☐ Addition

TITLE D  
NAME DYE, JIMMY  
STREET ADDRESS 317 EAST CALL STREET  
CITY-ST-ZIP TALLAHASSEE FL 32301

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME CHILDERS, SAM S  
STREET ADDRESS 2005 EAST FOREST DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BOUTIN, N. RICHARD JR.  
STREET ADDRESS 1619 DILLARD STREET  
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME HAGEN, WILLIAM R  
STREET ADDRESS 2024 MIDDLEWOOD DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/00

Date

850-224-1205

Daytime Phone #

CR2E037 (9/99)