

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90011 021 ****61.25

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**

040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 4148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City, & State
Tallahassee, FL

4. FEI Number

59-3344106

Applied For

Not Applicable

Zip

Country

Zip

Country

32312

U.S.

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

3-18-00

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

3/18/00

850-224-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)