

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90013 029 ****61.25

DOCUMENT # N96000001560

1. Entity Name

THE C. FREDERICK THOMPSON FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2831 NW 41ST STREET
STE D
GAINESVILLE FL 32606**

**2831 NW 41ST STREET
STE D
GAINESVILLE FL 32606**

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

59-3380217

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

**THOMPSON, C. FREDERICK
104 N. MAIN ST., STE. 300
GAINESVILLE FL 32601**

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

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

TITLE **D** ☐ Delete
NAME **THOMPSON, SCOTT C**
STREET ADDRESS **2831 NW 41ST STREET STE D**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ Delete
NAME **THOMPSON, GRANT M**
STREET ADDRESS **2831 NW 41ST STREET STE D**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **TD** ☐ Delete
NAME **THOMPSON, AASE B.**
STREET ADDRESS **2813 NW 41ST STREET STE D**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **PDS** ☐ Delete
NAME **THOMPSON, C. FREDERICK**
STREET ADDRESS **2831 NW 41ST STREET STE D**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 files empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/29/02

352-378-4814

SIGNATURE OF REGISTERED AGENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)