

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001764

1. Entity Name

THE LAWTON CHILES FOUNDATION, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90093 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~7193 OX BOW CIRCLE~~  
TALLAHASSEE FL 32312  
US

P.O. BOX 710  
TALLAHASSEE FL 32302-0710

2. Principal Place of Business

116 S. MONROE ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

TALLAHASSEE, FL

Zip

Zip

32301

Country

USA

Zip

Country

4. FEI Number

59-3400148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORR, KIMBEL P.  
2930 WOODSIDE DRIVE  
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

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 PD  
NAME CHILES, LAWTON "BUD" III  
STREET ADDRESS 7193 OX BOW CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE DC  
NAME CHILES, RHEA  
STREET ADDRESS 7193 OX BOW CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE DVP  
NAME ORR, KIM  
STREET ADDRESS 2930 WOODSIDE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE DS  
NAME CHILES, ED  
STREET ADDRESS 7193 OX BOW CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS 116 S. MONROE STREET, STE. 200  
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 116 S. MONROE STREET, STE 200  
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☒ Change ☐ Addition

TITLE  
NAME ORR, KIMBEL P.  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 116 S. MONROE STREET, STE. 200  
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☒ Change ☐ Addition

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

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:

*Kimbel P. Orr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

Date

850-222-3366

Daytime Phone #

CR2E037 (9/99)