

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

FILED
Jul 17, 2003 8:00 am
Secretary of State

0001889

DOCUMENT # N96000001764

1. Entity Name

THE LAWTON CHILES FOUNDATION, INC.



07-17-2003 90035 040 *****61.25

Principal Place of Business

116 S MONROE ST
SUITE 200
TALLAHASSEE FL 32301
US

Mailing Address

116 S MONROE ST
SUITE 200
TALLAHASSEE FL 32301
US

2. Principal Place of Business

1812 RIGGINS ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE TWO

City & State

TALLAHASSEE, FL

City & State

4. FEI Number **59-3400148**

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

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 | PD | <input type="checkbox"/> Delete |
| NAME | CHILES, LAWTON "BUD" III | |
| STREET ADDRESS | 116 S MONROE ST STE 200 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE | DC | <input type="checkbox"/> Delete |
| NAME | CHILES, RHEA | |
| STREET ADDRESS | 116 S MONROE ST STE200 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | ORR, KIMBEL P | |
| STREET ADDRESS | 2930 WOODSIDE DR | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | CHILES, ED | |
| STREET ADDRESS | 116 S MONROE ST STE 200 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1812 RIGGINS ROAD, STE 2 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1812 RIGGINS ROAD, STE 2 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1812 RIGGINS ROAD, STE 2 | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03

Date

850-222-3366

Daytime Phone #

CR2E037 (4/03)