

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90060 038 \*\*\*\*61.25

**DOCUMENT # N96000005692**

1. Entity Name

**UNION COUNTY SCHOOLS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**55 S.W. 6TH STREET  
LAKE BUTLER FL 32054****55 S.W. 6TH STREET  
LAKE BUTLER FL 32054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**UNION**

4. FEI Number

**59-3482458**

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

**FAULK, CARLTON  
55 S.W. 6TH STREET  
LAKE BUTLER FL 32054**

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

**Carlton Faulk, Superintendent 4-18-02****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 **ROBERTS, AVERY**  
STREET ADDRESS **POST OFFICE BOX 233**  
CITY-ST-ZIP **LAKE BUTLER FL 32054**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **ELIXSON, PATSY**  
STREET ADDRESS **UNION COUNTY COURTHOUSE ROOM 101**  
CITY-ST-ZIP **LAKE BUTLER FL 32054**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **SHANDS, HOWARD**  
STREET ADDRESS **RT. 2, BOX 380**  
CITY-ST-ZIP **LAKE BUTLER FL 32054**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Avery Roberts****4-18-02**

Date

Daytime Phone #

CR2E037 (9/01)