

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90090 022 ****61.25

DOCUMENT # N97000005196

1. Entity Name

FLORIDA GOVERNMENT FINANCE OFFICERS EDUCATIONAL FOUNDATION

Principal Place of Business

**P. O. Box 1757
 301 S. Bronough St. Ste 300
 Tallahassee, FL 32301**

Mailing Address

**P.O. Box 1757
 301 S. Bronough St. Ste 300
 Tallahassee, FL 32301-1732**

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

59-3470788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Madden, Michael
 301 S. Bronough St.
 Tallahassee, FL 32301**

7. Name and Address of New Registered Agent

Name

Hagan, Jeannie

Street Address (P.O. Box Number is Not Acceptable)

301 S. Bronough St. Ste 300

City

Tallahassee

FL

Zip Code

32301

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

3/30/01

**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 **P** ☐ Delete
 NAME **Underwood, William F**
 STREET ADDRESS **121 SW Flagler Ave.**
 CITY-ST-ZIP **Stuart, FL 34994-2172**

TITLE **T** ☐ Delete
 NAME **Moye, Jim**
 STREET ADDRESS **201 S. Rosalinal Ave.**
 CITY-ST-ZIP **Orlando, FL 32802**

TITLE **D** ☐ Delete
 NAME **Girard, Deborah**
 STREET ADDRESS **419 Pierce St.**
 CITY-ST-ZIP **Tampa, FL 33602**

TITLE **D** ☐ Delete
 NAME **McGowan, George**
 STREET ADDRESS **400 S. Orange Ave.**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☐ Delete
 NAME **Coram, Richard M.**
 STREET ADDRESS **142 30th Ave.**
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

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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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:

W. F. Underwood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01
 Date

561-288-5310
 Daytime Phone #

CR2E037 (11/00)