

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006155

1. Entity Name
SWIFTY ~~MART~~ FOUNDATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90214 001 ****61.25

Principal Place of Business
**325 JOHN KNOX ROAD
BUILDING M - SUITE 100
TALLAHASSEE FL 32303**

Mailing Address
**325 JOHN KNOX ROAD
BUILDING M - SUITE 100
TALLAHASSEE FL 32303-4113**

2. Principal Place of Business
1824 HILLDALE ROAD
Suite, Apt. #, etc.

3. Mailing Address
1824 HILLDALE ROAD
Suite, Apt. #, etc.

City & State
DURHAM, NC

City & State
DURHAM, NC

Zip
27705

Country

Zip
27705

Country

4. FEI Number
59-3521861

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 NAME STREET ADDRESS CITY-ST-ZIP	C HAMNER, W. CLAY 325 JOHN KNOX ROAD TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, WAYNE M 325 JOHN KNOX ROAD TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARD, JAMES L 325 JOHN KNOX ROAD TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOONE, WAYNE 325 JOHN KNOX ROAD TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSELL, DON 325 JOHN KNOX ROAD TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C, D HAMNER, W. CLAY 1824 HILLDALE ROAD DURHAM, NC 27705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C, D ROGERS, WAYNE M. 1824 HILLDALE ROAD DURHAM, NC 27705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D JENKINS, C. BRAD 1824 HILLDALE ROAD DURHAM, NC 27705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D BEASLEY, J. KEVIN 1824 HILLDALE ROAD DURHAM, NC 27705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **J. KEVIN BEASLEY** *[Signature]* **4/25/00** **919-384-9888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)