

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006673

1. Entity Name

THE MARY SUSAN COULTER DONOVAN FOUNDATION, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90011 025 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O CORPORATION SERVICE COMPANY C/O CORPORATION SERVICE COMPANY  
1201 HAYS STREET 1201 HAYS STREET  
TALLAHASSEE FL 32301-2607 TALLAHASSEE FL 32301-2608

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2358820  
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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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                      | PSD                     | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DONOVAN, MARY SUSAN COU |                                 | NAME  |  |   |
| STREET ADDRESS             | 1603 GREENVIEW COURT    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | WOODSTOCK GA 30188      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | VTD                     | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DONOVAN, GEORGE         |                                 | NAME  |  |   |
| STREET ADDRESS             | 1603 GREENVIEW COURT    |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | WOODSTOCK GA 30188      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | D                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HELSOM, FRANK E         |                                 | NAME  |  |   |
| STREET ADDRESS             | C/O 222 ROYAL PALM WAY  |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | PALM BEACH FL 33480     |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         |                                 | NAME  |  |   |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         |                                 | NAME  |  |   |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         |                                 | NAME  |  |   |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                         |                                 | 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: George E. Helsom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000 770-924-0716  
Date Daytime Phone #

CR2E037 (9/99)