

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006673

1. Entity Name

THE MARY SUSAN COULTER DONOVAN FOUNDATION, INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90018 002 ****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 32301-2607

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 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PSD
NAME DONOVAN, MARY SUSAN COU
STREET ADDRESS ~~1603 GREENVIEW COURT~~
CITY-ST-ZIP ~~WOODSTOCK GA 30188~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2804 SPREADING OAKS DRIVE
CITY-ST-ZIP NEWNATH, GA 30101

TITLE VTD
NAME DONOVAN, GEORGE
STREET ADDRESS 1603 GREENVIEW COURT
CITY-ST-ZIP ~~WOODSTOCK GA 30188~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2804 SPREADING OAKS DRIVE
CITY-ST-ZIP NEWNATH, GA 30101

TITLE D
NAME HELSOM, FRANK E
STREET ADDRESS C/O 222 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)