

2000 UNIFORM BUSINESS REPORT (UBR)

0006: 71

DOCUMENT # N98000001440

1. Entity Name

THEODORE ROOSEVELT SOCIETY, INC.

APPROVED
AND
FILED

00 APR 26 PM 12: 59

Principal Place of Business

Mailing Address

719 N. CALHOUN ST.
TALLAHASSEE FL 32303

P.O. BOX 10761
TALLAHASSEE FL 32302-2761

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

420 E. Jefferson St.
Suite, Apt. #, etc.
107

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32301

Country

U.S.A.

Zip

Country

4. FEI Number

59-3506356

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYES, BEN J P.A.
1162 36TH AVE. NE
ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name: Curt Kiser, Esq.
Street Address (P.O. Box Number is Not Acceptable): 315 South Calhoun Street
Suite 600
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

N/A

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: PD
NAME: KISER, CURTIS S
STREET ADDRESS: 315 S. CALHOUN ST., STE 600
CITY-ST-ZIP: TALLAHASSEE FL 32301 ☐ Delete

TITLE: VD
NAME: RUMBERGER, THOM
STREET ADDRESS: P.O. BOX 1873
CITY-ST-ZIP: ORLANDO FL 32802 ☐ Delete

TITLE: STD
NAME: HARVEY, JAMES
STREET ADDRESS: 260 AUSTRALIAN AVENUE SOUTH-
CITY-ST-ZIP: WEST PALM BEACH FL 33401 ☐ Delete

TITLE: D
NAME: EIKENBERG, ERIC
STREET ADDRESS: 603 E. CALL ST
CITY-ST-ZIP: TALLAHASSEE FL 32301 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: 300003244503-0
STREET ADDRESS: -05/09/00--01062--003
CITY-ST-ZIP: *****69.00 *****69.00

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

TITLE: ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: 515 N. Flagler Drive, Suite 1700
CITY-ST-ZIP: ☐ Change ☐ Addition

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

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

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

SIG: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000

Date

8504255431

Daytime Phone #

CR2E037 (9/99)