

**2000 UNIFORM BUSINESS REPORT (UBR)**

0006: 71

**DOCUMENT # N98000001440**

1. Entity Name  
**THEODORE ROOSEVELT SOCIETY, INC.**

Principal Place of Business      Mailing Address  
**719 N. CALHOUN ST.**      **P.O. BOX 10761**  
**TALLAHASSEE FL 32303**      **TALLAHASSEE FL 32302-2761**

APPROVED  
AND  
FILED

00 APR 26 PM 12: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

**Tallahassee, FL**      Suite, Apt. #, etc.

Zip      Country      Zip      Country

**32301**      **U.S.A.**

4. FEI Number      Applied For

**59-3506356**       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**

City      **Tallahassee**      State      **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

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KISER, CURTIS S</b>	
STREET ADDRESS	<b>315 S. CALHOUN ST., STE 600</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RUMBERGER, THOM</b>	
STREET ADDRESS	<b>P.O. BOX 1873</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32802</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>HARVEY, JAMES</b>	
STREET ADDRESS	<b>250 AUSTRALIAN AVENUE SOUTH-</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EIKENBERG, ERIC</b>	
STREET ADDRESS	<b>603 E. CALL ST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>300003244503--0</b>	
CITY-ST-ZIP	<b>-05/09/00--01062--003</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>515 N. Flagler Drive, Suite 1700</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:      **SIG: AT Curtis Kiser**      **April 25, 2000**      **8504255437**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)