

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000006807**

1. Entity Name

COTTOM FOUNDATION, INC.**FILED****Mar 29, 2000 8:00 am**
Secretary of State

03-29-2000 90077 050 ****61.25

Principal Place of Business

Mailing Address

**2113 CITRUS BLVD
LEESBURG FL 34748****2113 CITRUS BLVD
LEESBURG FL 34748-3018**

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

59-3546645

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****COTTOM, JAMES H
2113 CITRUS BLVD
LEESBURG FL 34748**

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 **PD** ☐ Delete
NAME **COTTOM, JAMES H**
STREET ADDRESS **2113 CITRUS BLVD**
CITY-ST-ZIP **LEESBURG FL 34748**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **COTTOM, GLENN E**
STREET ADDRESS **2113 CITRUS BLVD**
CITY-ST-ZIP **LEESBURG FL 34748**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TSO** ☐ Delete
NAME **COTTOM, ROBERT V**
STREET ADDRESS **2113 CITRUS BLVD**
CITY-ST-ZIP **LEESBURG FL 34748**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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: *James H. Cottom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Cottom**3-29-00**

Date

352-728-1800

Daytime Phone #

CR2E037 (9/99)