5/8/00-90193-002-$70.00-$70.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003124

1. Entity Name

PALMETTO HIGH FFA FOUNDATION, INC.

Principal Place of Business	Mailing Address
3424 US 301 NORTH ELLENTON FL 34222	3424 US 301 NORTH ELLENTON FL 34222-2126

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	
Zip	Country
6. Name and Address of Cu	

GAY, JACK
3424 US 301 NORTH
ELLENTON FL 34222

Tax Number

65-0853646

8. The above named entity submits this statem

SIGNATURE _____
Signature, typed or printed name of registered

FILED

00 JUN -9 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

FEI Number **650853646**	Applied For
	Not Applicable
Certificate of Status Desired ☑	**$8.75** Additional Fee Required

Name and Address of New Registered Agent

ax Number is Not Acceptable)

FL | Zip Code

nt, or both, in the state of Florida

DATE

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE Mr. D NAME Jack Gay STREET ADDRESS 3424 US 301 N. CITY-ST-ZIP Ellenton, Fl. 34222 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE Mr. D NAME John O'Connor STREET ADDRESS 11075 Taylor Grade Rd. CITY-ST-ZIP Duette, Fl. 33834 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE Mr. D NAME Bob Rotundo STREET ADDRESS 1502 23rd Ave. W. CITY-ST-ZIP Palmetto, Fl. 34221 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TS

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

4-25-00   941-722-4541
Date   Daytime Phone #