

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005377

1. Entity Name

RUTLEDGE CHARITABLE FOUNDATION, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90053 048 ****61.25

Principal Place of Business	Mailing Address
7500 MIDNIGHT PASS ROAD SARASOTA FL 34242	7500 MIDNIGHT PASS ROAD SARASOTA FL 34242-2712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>711 Mangrove Point Rd</i>	3. Mailing Address <i>711 Mangrove Point Road</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>SARASOTA, FL</i>	City & State <i>SARASOTA, FL</i>	4. FEI Number <i>65-0946333</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34242</i>	Country <i>USA</i>	Zip <i>34242</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GASSMAN, ALAN G ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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

TITLE	D <input type="checkbox"/> Delete
NAME	RUTLEDGE, JOHN B
STREET ADDRESS	7500 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	D <input type="checkbox"/> Delete
NAME	RUTLEDGE, JAMES C
STREET ADDRESS	7500 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	D <input type="checkbox"/> Delete
NAME	SIMMONS, AMANDA R
STREET ADDRESS	4623 KENMORE DRIVE, N.W.
CITY-ST-ZIP	WASHINGTON DC 20007
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	711 MANGROVE POINT RD.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	711 MANGROVE POINT RD.
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	
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: *Jeanette Rutledge*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941/373-9550

CR2E037 (9/99)