

# 2000 UNIFORM BUSINESS REPORT (UBR)

NON PROFIT

DOCUMENT #199000007116

1. Entity Name

(NON-PROFIT)

FILED

00 MAY 23 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE TIMBUKTU RESEARCH CONSORTIUM

Principal Place of Business

Mailing Address

952 Flowersview Blvd  
Laurel Hill, FL 32567

2. Principal Place of Business

3. Mailing Address

Laurel Hill, FL

952 Flowersview Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Laurel Hill, FL 32567

Laurel Hill, FL 32567

4. FEL Number

Applied For

59-3622093

Not Applicable

Zip

Country

Zip

Country

32567

USA

32567

USA

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

Ms Maria Milton  
952 Flowersview Blvd  
Laurel Hill, FL 32567

Name Ms Maria Milton  
Street Address (P.O. Box Number is Not Acceptable)  
952 Flowersview Blvd

City Laurel Hill

FL

Zip Code 32567

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

Maria Milton

(The completion of item 7 is an error)  
5-9-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/D ☐ Delete

NAME Campbell, Elinor M.

STREET ADDRESS 441 S. Norwood Rd

CITY-ST-ZIP Defuniak Springs, FL 32433

TITLE Vice-President/D ☐ Delete

NAME Thrash, David

STREET ADDRESS 19 Chickasaw Avenue

CITY-ST-ZIP Lockhart, FL 32645

TITLE Treasurer/D ☐ Delete

NAME Milton, Maria

STREET ADDRESS 952 Flowersview Blvd

CITY-ST-ZIP Laurel Hill, FL 32567

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria Milton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-00 8342946

Date

Daytime Phone #

CR20034 10/00