

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000007314****1. Entity Name**
SEMINOLE ALUMNI FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 895	P.O. BOX 895
TALLAHASSEE FL 32302	TALLAHASSEE FL 32302

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
22-1281800Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFOY DAVID K
1333 AIRPORT DR.,#G-9TALLAHASSEE FL
32304 US**7. Name and Address of New Registered Agent**Name
FOY DAVID K
Street Address (P.O. Box Number is Not Acceptable)
1785 COPPERFIELD CIRCLECity FL Zip Code
TALLAHASSEE 32312**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** **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	DS <input type="checkbox"/> Delete
NAME	SEAY JEFFERY
STREET ADDRESS	170 IVERNIA LOOP
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DT <input type="checkbox"/> Delete
NAME	MARINO CHRIS
STREET ADDRESS	1507 1/2 FERNANDO DRIVE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	DV <input type="checkbox"/> Delete
NAME	HOFFSON BRIAN
STREET ADDRESS	23145 POST GARDENS WAY, #624
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD <input type="checkbox"/> Delete
NAME	FOY DAVID
STREET ADDRESS	1333 AIRPORT DRIVE, #G-9
CITY-ST-ZIP	TALLAHASSEE FL
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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOY DAVID
STREET ADDRESS	1785 COPPERFIELD CIRCLE
CITY-ST-ZIP	TALLAHASSEE FL 32312
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)(f), 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:** DAVID FOY PD 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)