2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000007314

Entity Name: SEMINOLE ALUMNI FOUNDATION, INC.

FILED Jan 14, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 895

TALLAHASSEE, FL 32302

Current Mailing Address: New Mailing Address:

P.O. BOX 895

TALLAHASSEE, FL 32302

FEI Number: 22-1281800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOY, DAVID K HOFFSON, BRIAN

1785 COPPERFIELD CIRCLE 2429 LAKE MCDADE COURT TALLAHASSEE, FL 32312 US APOPKA, FL 32703 US

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: BRIAN HOFFSON 01/14/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DS () Delete Title: DS (X) Change () Addition

 Name:
 SEAY, JEFFERY
 Name:
 SEAY, JEFFERY

 Address:
 170 IVERNIA LOOP
 Address:
 170 IVERNIA LOOP

 City-St-Zip:
 TALLAHASSEE, FL
 City-St-Zip:
 TALLAHASSEE, FL
 32312

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 MARINO, CHRIS
 Name:
 FREEMAN, BRADLEY

 Address:
 1507 1/2 FERNANDO DRIVE
 Address:
 608 FLORIDA STREET

 City-St-Zip:
 TALLAHASSEE, FL
 City-St-Zip:
 ORLANDO, FL 32806

Title: DV () Delete Title: DV (X) Change () Addition

Name: HOFFSON, BRIAN Name: FINCH, GORDON W
Address: 23145 POST GARDENS WAY, #624 Address: 2429 LAKE MCDADE COURT

City-St-Zip: BOCA RATON, FL City-St-Zip: APOPKA, FL 32703

Title: PD () Delete Title: PD (X) Change () Addition

Name: FOY, DAVID Name: HOFFSON, BRIAN

Address: 1785 COPPERFIELD CIRCLE Address: 2429 LAKE MCDADE COURT

City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFERY SEAY DS 01/14/2002