

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007415

1. Entity Name
**JOHN D. MARSHALL HISPANIC-AMERICAN
FOUNDATION INCORPORATED**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 22 PM 3:37

Principal Place of Business
3324 W. UNIV. AVE.
#201
GAINESVILLE, FL 32607

Mailing Address
3324 W. UNIV. AVE.
#201
GAINESVILLE, FL 32607

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3612555

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TOVKACH, WALTER M
5011 N.W. 8TH AVE.
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent

Name *John D. Marshall*
~~Street Address (P.O. Box Number is not acceptable)~~
3324 West University Ave
Suite 201
Gainesville **FL** *32607*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John D. Marshall*
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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, JOHN D	
STREET ADDRESS	3324 W. UNIVERSITY AVE., #201	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS L	
STREET ADDRESS	5000 BUFORD HWY., #232	
CITY-ST-ZIP	CHAMBLEE, GA 30341	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, JOHN D JR.	
STREET ADDRESS	101 DOGWOOD RIDGE DR.	
CITY-ST-ZIP	HAMPTON, GA 30228	
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		
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
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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: *John D. Marshall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 *404/915-5189*
Date Domestic Phone #

CR2E037 (10/02)