

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34997

1. Entity Name

FOUNDATION FOR PUBLIC RELATIONS RESEARCH AND EDU

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90028 010 ****61.25

Principal Place of Business

Mailing Address

UNIVERSITY OF FLORIDA
3059-3061 WEINER HALL
GAINESVILLE FL 32611-8400
US

UNIVERSITY OF FLORIDA
P O BOX 118400
GAINESVILLE FL 32611-8400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-6161619

Applied For

Not Applicable

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

FELTON, JOHN W
UNIVERSITY OF FLORIDA
3061 WEIMER HALL
GAINESVILLE FL 32611

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPT ☐ Delete
NAME WHITE, W. WARD
STREET ADDRESS 720 E WISCONSIN AVE
CITY-ST-ZIP MILWAUKEE WI 53202

TITLE Chairman ☒ Change ☐ Addition
NAME White, W. Ward
STREET ADDRESS 720 E. Wisconsin Ave.
CITY-ST-ZIP Milwaukee, WI 53202

TITLE PT ☐ Delete
NAME FELTON, JOHN W
STREET ADDRESS UNIVERISTY OF FLORIDA 3061 WEIMER HALL
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME GRUNIG, LARISSA
STREET ADDRESS UNIVERSITY OF MARYLAND
CITY-ST-ZIP COLLEGE PARK MD

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CT ☒ Delete
NAME BERGEN, JOHN D
STREET ADDRESS 1789 WRIGHTSTOWN RD.
CITY-ST-ZIP NEWTON PA

TITLE VPT ☐ Change ☒ Addition
NAME Frank Ovaitt, Jr.
STREET ADDRESS 2010 Corporate Ridge, Ste. 700
CITY-ST-ZIP McLean, VA 22102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)