

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34997

1. Entity Name

FOUNDATION FOR PUBLIC RELATIONS RESEARCH AND EDU

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

Zip

Country

Zip

Country

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
John W Felton

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
OVAITT, FRANK JR
2010 CORPORATE RIDGE STE 700
MC LEAN VA 22102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
CO-CHAIR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Margery Kraus
1615 L ST NW, STE 900
WASHINGTON DC 20036 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 W Felton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W Felton
President & CEO 4/2/01 352 392 0280

Date

Daytime Phone #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90087 013 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)