

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90148 010 ****61.25

DOCUMENT # P34997

1. Entity Name

FOUNDATION FOR PUBLIC RELATIONS RESEARCH AND EDUCATION INC.



Principal Place of Business

**UNIVERSITY OF FLORIDA
3089-3094 WEINER HALL
GAINESVILLE FL 32611-8400
US**

Mailing Address

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

60018791



☐ CHECK HERE IF MAKING CHANGES

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

Zip

Country

Zip

Country

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
3089 WEIMER HALL
GAINESVILLE FL 32611-8400**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **P** ☐ Delete
NAME **FELTON, JOHN W**
STREET ADDRESS **3089 WEIMER HALL**
CITY-ST-ZIP **GAINESVILLE FL 32611**

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

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

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

TITLE **T** ☐ Delete
NAME **KRAUS, MARGERY**
STREET ADDRESS **1615 L STREET NW, STE 700**
CITY-ST-ZIP **WASHINGTON DC 20036**

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

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 of John W. Felton

4/15/03 352392 0280

CR2E037 (10/02)