

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021609

1. Entity Name

TFT FOUNDATION, INC.

Principal Place of Business 917 Kings Road Jacksonville, FL 32204	Mailing Address 917 Kings Road Jacksonville, FL 32204
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2. Principal Place of Business 917 Kings Road	3. Mailing Address 917 Kings Road
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Suite, Apt. #, etc. 917 Kings Road	Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
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Zip 32204	Country USA	Zip 32204	Country USA
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4. FEI Number 59-3595261	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

Roy Tolliver
917 Kings Road
Jacksonville, Florida 32204

7. Name and Address of New Registered Agent

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 date of application.

(NOTE: Registered Agent signature is required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!! FEE IS \$150.00
AFTER MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roy Tolliver 917 Kings Road Jacksonville, FL 32204	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jennifer Anderson 917 Kings Road Jacksonville, FL 32204	☒ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer Kier Tolliver 917 Kings Road Jacksonville, FL 32204	☒ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Freddie Myers 917 Kings Road Jacksonville, FL 32204	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dwelling Address

APPROVED
AND
FILED

01 OCT -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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*****61.25 *****61.25

9/28/01 (904) 3493577