

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90058 022 *****61.25

DOCUMENT # 703328

1. Entity Name

THE KUGELMAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

**4400 BAYOU BLVD. STE 12
 POST OFFICE BOX 30130
 PENSACOLA FL 32503**

**4400 BAYOU BLVD. STE 12
 POST OFFICE BOX 30130
 PENSACOLA FL 32503**

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

59-6174897

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

**KUGELMAN, D. JACK
 4400 BAYOU BLVD, STE 12
 CORDOVA SQUARE
 PENSACOLA FL 32503**

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] **PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable.

D. JACK KUGELMAN

1/11/02

(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 **VD** ☐ Delete
 NAME **MCSWEENEY, NANCY K.**
 STREET ADDRESS **4005 STEPHANS MILL RUN N.E**
 CITY-ST-ZIP **ATLANTA GA 30342**

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

TITLE **VD** ☐ Delete
 NAME **LIVINGSTON, JANET K.**
 STREET ADDRESS **681 TANGLEWOOD DR**
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

TITLE **VD** ☐ Delete
 NAME **PERCEVAL, MARSHA K.**
 STREET ADDRESS **3108 BRITTANY TRACE**
 CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE **PDL** ☐ Delete
 NAME **KUGELMAN, D JACK**
 STREET ADDRESS **1700 SCENIC HWY. #1000**
 CITY-ST-ZIP **PENSACOLA FL 32503**

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

TITLE **TD** ☐ Delete
 NAME **KUGELMAN, JANE S**
 STREET ADDRESS **1700 SCENIC HWY. #1000**
 CITY-ST-ZIP **PENSACOLA FL 32503**

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

TITLE **SD** ☐ Delete
 NAME **MCAHON, JACKLYN K**
 STREET ADDRESS **3281 SEVILLE DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32503**

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 REQUIRED

D. JACK KUGELMAN

Date

1/11/02

Daytime Phone #

850 4743995

CR2E037 (9/01)