## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 05, 2002 8:00 am Secretary of State **DOCUMENT # 802200** 1. Entity Name THE BOK TOWER GARDENS FOUNDATION, INC. 05-05-2002 90304 047 \*\*\*\*70 00 Mailing Address Principal Place of Business **BOK TOWER GARDENS** BOK TOWER GARDENS 1151 TOWER BLVD 1151 TOWER BLVD LAKE WALES FL 33853-3412 LAKE WALES FL 33853-3412 US 3. Mailing Address 2. Principal Place of Business DO NOT:WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 23-1352009 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SULLIVAN, ROBERT P 1834 HIGHLAND PARK-DR: 1151 Tower Boulevard LAKE WALES FL 33853 Zip Code City 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 4/18/02 Robert P. Sullivan, President SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Department of State FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition COB TITLE Delete COB TITLE Frank M. Hunt, II NAME THAYER, A B NAME 952 S. Lakeshore Blvd. STREET ADDRESS 1111 N WESTSHORE BLVD #512 STREET ADDRESS Lake Wales, FL 33853 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 ☐ Addition TITLE D Delete TITLE NAME A. Bronson Thayer adams, Louise B NAME STREET ADDRESS 2202 N. Westshore Blvd - #150 ---1000 SASCO HILL ROAD STREET ADDRESS CÎTY-ST-ZIP1 Tampa, FL 33607 CITY-ST-ZIP FAIRFIELD CT ☐ Addition Change TITLE ☐ Delete P TITLE NAME Robert P. Sullivan SULLIVAN, ROBERT P NAME STREET ADDRESS 1151 Tower Boulevard 1834 HIGHLAND PARK DR STREET ADDRESS CITY-ST-ZIF Lake Wales, FL 33853 CITY-ST-ZIP LAKE WALES FL 33853 ☐ Addition X Change TITI F AST Delete ast TITLE NAME LAWSON, JOHNSTON C Paula M. Nance NAME STREET ADDRESS 418 ALTURAS/BABSON PK RD 1151 Tower Boulevard STREET ADDRESS CITY-ST-ZIP Lake Wales, FL 33853 LAKE WALES FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F NAME HALL, M. LEWIS JR NAME STREET ADDRESS 2907 ALHAMBRA CIRCLE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE

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 empwered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered an addres: changed, or on an attachme

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NEWTON, JOAN W

2611 HOLLY POINT RD E

ORANGE PARK FL 32073

NTED NAME OF SIGNING OFFICER OR DIRECTOR

URobert P. Sullivan, President

4/18/02

Date

638/676-1408

Daytime Phone #