

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90948 004 ****70.00

DOCUMENT # 802200

1. Entity Name

THE BOK TOWER GARDENS FOUNDATION, INC.



Principal Place of Business

**BOK TOWER GARDENS
1151 TOWER BLVD
LAKE WALES FL 33853-3412
US**

Mailing Address

**BOK TOWER GARDENS
1151 TOWER BLVD
LAKE WALES FL 33853-3412
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 **23-1352009**

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

SULLIVAN, ROBERT P

**1834 HIGHLAND PARK DR. 1151 Tower Blvd.
LAKE WALES FL 33853**

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 **COB** ☐ Delete
NAME **HUNT, FRANK M II**
STREET ADDRESS **952 S. LAKESHORE BLVD.**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **COB** ☒ Change ☐ Addition
NAME **Hunt, Frank M. III**
STREET ADDRESS **2404 SE Hunt Bros Road**
CITY-ST-ZIP **Lake Wales, FL 33859**

TITLE **D** ☐ Delete
NAME **THAYER, A. BRONSON**
STREET ADDRESS **2202 N. WESTSHORE BLVD. #150**
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE **P** ☐ Delete
NAME **SULLIVAN, ROBERT P**
STREET ADDRESS **1151 TOWER BOULEVARD**
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **AST** ☐ Delete
NAME **NANCE, PAULA M**
STREET ADDRESS **1151 TOWER BLVD**
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **SD** ☐ Delete
NAME **HALL, M. LEWIS JR**
STREET ADDRESS **2907 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☒ Change ☐ Addition
NAME **Hall, M. Lewis Jr.**
STREET ADDRESS **25 SE 2nd Ave-#1105**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **TD** ☐ Delete
NAME **NEWTON, JOAN W**
STREET ADDRESS **2611 HOLLY POINT RD E**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **TD** ☒ Change ☐ Addition
NAME **Newton, Joan W.**
STREET ADDRESS **121 W. Forsyth St-#200**
CITY-ST-ZIP **Jacksonville, FL 32202**

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: *Robert P. Sullivan* **ROBERT P. SULLIVAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03 863/676-1408

CR2E037 (10/02)