

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90010 020 \*\*\*\*61.25

**DOCUMENT # N00000002167**

1. Entity Name

**MOREAN PETERSEN FOUNDATION, INC.**

Principal Place of Business

Mailing Address

3838 TAMIAMI TRAIL N.  
 SUITE 300  
 NAPLES FL 34103

3838 TAMIAMI TRAIL N.  
 SUITE 300  
 NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3613033**

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

**GOODMAN, KENNETH D**  
**3838 TAMIAMI TRAIL N SUITE 300**  
**NAPLES FL 34103**

Name  
**Goodman & Breen, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3838 Tamiami Trail N.**  
**Suite 300**  
 City  
**Naples** **FL** Zip Code  
**34103**

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

*Samuel L. Lee*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/4/02*

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSEN, AUDREY M</b>	
STREET ADDRESS	<b>4351 GULF SHORE BLVD UNIT 14 SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSEN, ALFRED D</b>	
STREET ADDRESS	<b>4351 GULF SHORE BLVD UNIT 14 SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANNING, BETH A</b>	
STREET ADDRESS	<b>3618 EL CENTRO</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33706</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSEN, MARK A</b>	
STREET ADDRESS	<b>18170 PETOSKY CIRCLE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*M. Petersen* *3/4/02* *941-403-0843*

Daytime Phone #

CR2E037 (9/01)