

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000005150

FILED
Mar 07, 2002 8:00 AM
Secretary of State

Entity Name: FROSENE SONDERLING SPIRIT OF HOPE FOUNDATION, INC.

Current Principal Place of Business:

4501 TAMIAMI TRAIL NORTH SUITE 300
NAPLES, FL 34103

New Principal Place of Business:

4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

Current Mailing Address:

4501 TAMIAMI TRAIL NORTH SUITE 300
NAPLES, FL 34103

New Mailing Address:

4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

FEI Number: 59-3662813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
C/O QUARLES & BRADY LLP
4501 TAMIAMI TRAIL NORTH SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MICHAELS, MARIA
Address: 11224 SORREL RIDGE LANE
City-St-Zip: OAKTON, VA 221241322

Title: VPD () Delete
Name: STUDDS, NICK
Address: 5839 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: COMUZZI, TARA J
Address: 11111 BISCAYNE BLVD., TOWER 2, APT. 617
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MICHAELS

PD

03/07/2002

Electronic Signature of Signing Officer or Director

Date