

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005825

1. Entity Name

THE FRANK S. SCARPA CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

199 COMMODORE DRIVE  
JUPITER FL 33477

199 COMMODORE DRIVE  
JUPITER FL 33477

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 58-2604150

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

BLACKBURN, DENNIS L  
6620 SOUTHPOINT DRIVE SOUTH  
STE.200  
JACKSONVILLE FL 32216

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

After September 13, 2002,  
min. will be \$236.25.

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  
NAME PD  
STREET ADDRESS SCORPIN, FRANK S  
CITY-ST-ZIP 199 COMMODORE DRIVE  
JUPITER FL 33477 ☐ Delete

TITLE  
NAME SCARPA  
STREET ADDRESS 8000072844  
CITY-ST-ZIP -08/22/02--01050--001  
\*\*\*116.25 \*\*\*\*\*61.25 ☐ Addition

TITLE  
NAME D  
STREET ADDRESS HART, VALERIE S  
CITY-ST-ZIP 2835 UNION STREET  
SAN FRANCISCO CA 94123 ☐ Delete

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

TITLE  
NAME D  
STREET ADDRESS CARMELLE, MAGE (incorrect)  
CITY-ST-ZIP BOX 812  
VINELAND NJ 08362 ☐ Delete

TITLE  
NAME maga334, carmelle ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

8-15-02

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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