

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90055 020 \*\*\*\*61.25

**DOCUMENT # N00000007690**

1. Entity Name

**RICK & NANCY BOSSERMAN CHARITABLE FOUNDATION, IN**

Principal Place of Business

125A EAST MARKS STREET  
 ORLANDO FL 32804

Mailing Address

125A EAST MARKS STREET  
 ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59.3703693**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip **32803**

Country

Zip **32803**

Country

6. Name and Address of Current Registered Agent

**CRAMER, CHARLES W**  
**1420 EDGEWATER DRIVE**  
**ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **RICHARD BOSSERMAN**

Street Address (P.O. Box Number is Not Acceptable)

**125A EAST MARKS ST.**

City **ORLANDO**

**FL**

Zip Code **32803**

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 *Richard E. Bosserman* **RICHARD E. BOSSERMAN**

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

(NOTE: Registered Agent signature required when reinstating)

**March 28, 2001**

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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>D</b> BOSSERMAN, RICHARD E	<input type="checkbox"/> Delete
STREET ADDRESS	<b>125A EAST MARKS STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE NAME	<b>D</b> HOSSERMAN, NANCY H	<input type="checkbox"/> Delete
STREET ADDRESS	<b>125A EAST MARKS STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE NAME	<b>D</b> CUDA, SEAN	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1900 SUMMIT TOWER BLVD #770</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	<b>32803</b>	
TITLE NAME	<b>BOSSERMAN, NANCY H</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	<b>32803</b>	
TITLE NAME	<b>110 East Hillcrest St.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Orlando</b>	
CITY-ST-ZIP	<b>32801</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Richard E. Bosserman* **RICHARD BOSSERMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 28, 2001** 407/423-7700

Date

Daytime Phone #

CR2E037 (10/00)