## **2001 UNIFORM BUSINESS REPORT (UBR)**

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## Mar 20, 2001 8:00 am DOCUMENT # N0000008184 1: Entity Name **Secretary of State** THE BILOUS FAMILY CHARITABLE FOUNDATION, INC. 03-20-2001 90018 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 473 SOUTHCREEK DR 473 SOUTHCREEK DR OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-10621 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BETTERTON, GREG A Street Address (P.O. Box Number is Not Acceptable) 981 RIDGEWOOD AVE, STE 101 VENICE FL 34292 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Addition CR2E037 (10/00 NAME BETTERON, GERG A NAME STREET ADDRESS 981 RIDGEWOOD AVE, STE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ☐ Delete Addition TITLE TITLE Change BILOUS, OREST NAME NAME STREET ADDRESS STREET ADDRESS **473 SOUTHCREEK DR** CITY-ST-ZIP CITY-ST-ZIP OSPREY FL 34229 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BILOUS, LIDIA M NAME STREET ADDRESS STREET ADDRESS 473 SOUTHCREEK DR CITY-ST-ZIP CITY-ST-ZIP OSPREY FL 34229 BILOUS, MICHAEL W. Change TITLE ☐ Delete TITLE Addition NAME NAME 144 ALPINE ST. STREET ADDRESS STREET ADDRESS STAMFORD, CT. 06905 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE BILDUS-DIEXY DIETA 1 40 BROWNEST., #5 Addition NAME NAME STREET ADDRESS STREET ADDRESS BEOOKLINE, HA. 02446 CITY-ST-ZIP CITY-ST-ZIP OLEXY, ANDREST. #5 Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS BEOOKLINE, MA.02446 CITY-ST-ZIP 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 repairer 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR