

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90074 049 \*\*\*\*61.25

UNIT 1039

**DOCUMENT # N01000003089**

1. Entity Name  
**ANEW FOUNDATION, INC.**

Principal Place of Business <b>1025 ORANGE AVE.          WINTER PARK FL 32790-0644</b>	Mailing Address <b>1025 ORANGE AVE.          WINTER PARK FL 32790-0644</b>
---	---

**B0038347**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-3719013</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

**SHUFFIELD, W. CHARLES  
 315 E. ROBINSON STREET  
 SUITE 600  
 ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLEMENT, ANN</b>	
STREET ADDRESS	<b>2302 LEU ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COBRUN, PAM</b>	
STREET ADDRESS	<b>2202 MERRITT PARK DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAMPBELL, DEAN</b>	
STREET ADDRESS	<b>1115 WILKINSON ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Susans Taylor</b>	
STREET ADDRESS	<b>1025 Orange Ave</b>	
CITY-ST-ZIP	<b>Winter Park FL 32789</b>	
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: **X Susans Taylor**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**407 740 6762**  
Date Daytime Phone #

CR2E037 (9/01)