

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-06-2002 90078 013 ****61.25

DOCUMENT # NO1000005035

1. Entity Name

SOMETHING VENTURED FOUNDATION, INC.

Principal Place of Business

Mailing Address

1301 EIGHTEENTH ST.
 KEY WEST FL 33040

1301 EIGHTEENTH ST.
 KEY WEST FL 33040

24000



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

65-1154463

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

SHIVERS, VANESSA T
 315 SOUTH CALHOUN ST., STE. 350
 TALLAHASSEE FL 32301

Name: **DAVID R. CAMPO**

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

1301 18TH STREET

City: **KEY WEST**

FL

Zip Code: **33040**

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

David R. Campo

DAVID R. CAMPO
PRESIDENT & MANAGING DIR. 2-15-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

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 Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
P/T/ST/M/D
DAVID R. CAMPO
1301 18TH STREET
KEY WEST, FL 33040

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
TRUSTEE
DENNIS BROWN
28 LADD'S LANE
EPPING, NH 03042

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
TRUSTEE
GLENN P. KERNWELS
703 CAMAROUGE PLACE; SUITE 203
LAKE MARY, FL 32746

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change 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:

David R. Campo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. CAMPO
PRESIDENT & MANAGING DIRECTOR

2-15-02 [305] 293-3094
 Date Daytime Phone #

CR2007 (9/01)