## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

## DOCUMENT # N0100008765

1. Entity Name

THE MACHACEK - KENLIN FOUNDATION, INC.

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## FILED Jul 24, 2003 8:00 am Secretary of State

07-24-2003 90117 018 \*\*\*\*61.25

Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
2000 BEVERLY		2000 BEVERLY POINT ROAL	2000 BEVERLY POINT ROAD				
LEESBURG FL	34748	LEESBURG FL 34748					
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2. Principal F	Place of Business	3. Mailing Address	<u></u>				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number <b>59-3761154</b> Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Statu		8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Addres	s of New Registered Ag	ent	
			Name				Í
	EK, KENNETH-W	• -	Street Addre	ss (P.O. Box Number is Not	Acceptable)		
	VERLY POINT ROAD				<del></del>		
LEESBUF	RG FL 34748						
Å			City		FL	Zip Code	e
8. The above	named entity submits this statement for	or the purpose of changing its i	registered office or regi	stered agent, or both, in the	State of Florida. I am fam	niliar with,	and accept
the obligat	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature req	uired when reinstating)	DATE	·	
	organist types of printed liable to tegether agents	(1000					
	FILE NOW: FEE IS \$61.25	9. Election Cam	naign Financino	<b>\$5.00</b> May Be	Make Check F	Pavahla :	to I
	tember 10, 2003, min will be \$2	4	· • —				
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12. I hereby certify that the information supplied with this filling class 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 acceptate 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:

SIGN QUIRED

7/16/03

352-365-9700