2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

FILED DOCUMENT # **N20708** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** STICKELBER CHARITABLE FOUNDATION, INC. 01-12-2000 90115 007 ****61.25 Principal Place of Business Mailing Address 775 GULF SHORES DR P. O. BOX 516 DESTIN FL 32540-0516 1157 VAAATAZZ DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address 5301 BEACHWALK DR P.O. BOX 6447 Suite, Apt. #, etc. HWY 98 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State • City & State DESTIN DESTID 23-7062356 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32 T S D UALTOL WALTOK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TICKEL BEAL MERLIN Street Address (P.O. Box Number is Not Acceptable 5301 BEACHWAKE D STICKELBER, MERLIN C 775 GULF SHORES DR **UNIT 1157 SANDPIPER LOVE** City DESTIN DESTIN FL 32541 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 NERLIN C. STICKELBER FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Addition STICKELBER MERCID C NAME STICKELBER, MERLIN C NAME 5103 BEACHWACK DE. HULL 98 STREET ADDRESS STREET ADDRESS 500 GULF SHORE DRIVE UNIT 605 City-St-Zip CITY-ST-ZIP DESTIN FL 32541 DESTID, FL. ☐ Addition asd TITLE ☐ Delete TITLE STICKELBER DEBRA W STILIGELBER, DEBRA W NAME NAME 5103 BEACHWAVE DZ HWY 98 STREET ADDRESS STREET ADDRESS 775 GULF SHORES DR #1157 CITY-ST-ZIE CITY-ST-ZIP DESTIN FL 32541 DESTIN, FL 32540 Change Addition TITLE ر الماضاء إلى ي ☐ Delete TITLE HERRERA, AULETTE F 7625 PARKER RD. LOT 57 HERRERA, ANNETTE F NAME NAME STREET ADDRESS STREET ADDRESS 1601 NESHOTA DRIVE APT 32 CITY-ST-7IP CITY-ST-ZIP farhope, ac MOBILE AL 36605 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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