

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37705

1. Entity Name

FOUNDATION FOR REFORMATION, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90001 028 ****61.25

Principal Place of Business

Mailing Address

1231 REFORMATION DR
OVIEDO FL 32765
US

1231 REFORMATION DR
OVIEDO FL 32765-7197
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3017023

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

WHITLOCK, LUDER DR
1231 REFORMATION DR
OVIEDO FL 32765

Name

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

City

FL

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	SENEFF, JAMES M.	
STREET ADDRESS	400 E. SOUTH ST., #500 450 S. Orange Ave.	
CITY - ST - ZIP	ORLANDO FL 32801	
TITLE	D	☐ Delete
NAME	VEERMAN, RALPH D.	
STREET ADDRESS	715 VASSAR STREET	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	☐ Delete
NAME	HOSTETTER, G. RICHARD	
STREET ADDRESS	1140 MARKET ST. #505 450 S. Orange Ave.	
CITY - ST - ZIP	CHATTANOOGA TN 37422 Orlando, FL 32801	
TITLE	D	☒ Delete
NAME	SPROUL, B.C.	
STREET ADDRESS	400 TECHNOLOGY PARK DR.	
CITY - ST - ZIP	LAKE MARY FL 32746	
TITLE	D	☐ Delete
NAME	WHITLOCK, LUDER	
STREET ADDRESS	1016 MAITLAND CENTER, SUITE 102 1231 Reformation Dr.	
CITY - ST - ZIP	MAITLAND FL 32741 Oviedo, FL 32765	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☒ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)