

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90169 027 ****61.25

DOCUMENT # N46662

1. Entity Name

THE FALCK FOUNDATION, INC.

Principal Place of Business

C/O RANDALL E. FALCK
 8049 WHISPER LAKE LANE WEST
 PONTE VEDRA BEACH FL 32082

Mailing Address

C/O RANDALL E. FALCK
 8049 WHISPER LAKE LANE WEST
 PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3098588

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FALCK, RANDALL E.
8049 WHISPER LAKE LANE, WEST
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

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

TITLE	TP	<input type="checkbox"/> Delete
NAME	FALCK, RANDALL E. L.	
STREET ADDRESS	8049 WHISPER LAKE LANE, W	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	TVST	<input type="checkbox"/> Delete
NAME	FRANC, DAPHNE A	
STREET ADDRESS	8049 WHISPER LAKE LANE, W	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	T	<input type="checkbox"/> Delete
NAME	WININGER, REBECCA F	
STREET ADDRESS	5574 RAMBLEWOOD CT	
CITY-ST-ZIP	COLUMBUS OH 43235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Randall E. Falck* (**RANDALL E. L. FALCK**) 4-24-01 (904) 285-8570
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)