

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

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90085 022 \*\*\*\*61.25

**DOCUMENT # N94000000386**

1. Entity Name

**THE CROSLY ESTATE FOUNDATION, INC.**



Principal Place of Business

C/O WALLACE DUNLAP  
P.O. BOX 6051  
BRADENTON FL 34281  
US

Mailing Address

P.O. BOX 6051  
BRADENTON FL 34281  
US

2. Principal Place of Business

c/o Kathryn McMullan

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
P.O. Box 6051

City & State  
Bradenton FL

City & State

Zip  
34281

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0678528**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SHIRLEY  
2704 BAY DRIVE  
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name **Veltz, Howard**

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

**2219 39th Street West**

City **Bradenton**

FL

Zip Code

**34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Howard Veltz, Treasurer**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DC	MCMULLAN, KATHRYN	109 - 24TH ST. N.W.	BRADENTON FL 34205	<input type="checkbox"/>
DVC	GUNDRUM, NATALIE	325 SOMERSET AVE.	SARASOTA FL 34243	<input type="checkbox"/>
DVC	LUPPINO, NORMAN	485 MAGELLAN DR.	SARASOTA FL 34243	<input type="checkbox"/>
DSDT	ADAMS, SHIRLEY	2704 BAY DR	BRADENTON FL 34207	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

DC  
Veltz, Howard  
2219 39th Street West  
Bradenton, FL 34205

DS  
Armbruster, T.F.  
512 46th Street West  
Bradenton FL 34209

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: **Howard Veltz** 1/10/03 941-749-1631

CR2E037 (10/02)