FILED

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # **N94000004614** 1. Entity Name 02-2002 90051 041 ****61.25 HAROLD P. RANSBURG FOUNDATION, INC. Principal Place of Business Mailing Address 1221 GULFSHORE BLVD N 1221 GULFSHORE BLVD N NAPLES FL 34102-4922 NAPLES FL 34102 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0533168 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) - RANSBURG, MARIA L 1221 GULFSHORE BLVD N NAPLES FL 34102 City 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RANSBURG, MARIA L NAME NAME STREET ADDRESS 1221 GULF SHORE BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Naples fl TITLE ☐ Delete TITLE Wannell, W. Raymond WANNELL, W RAYMOND NAME 3005 S. Leisure World Blvd., Unit 116 STREET ADDRESS 305 SOUTHWEST DR STREET ADDRESS Silver Springs, MD 20901 CITY-ST-7IP CITY-ST-7IP SILVER SPRINGS MD 20901 TITLE ☐ Delete TITLE **₹** Change Larkin, Richard K. Major G.-LARKÎN, RICHARD K-MAJOR G ~ 🥗 -NAME NAME South Heron Drive STREET ADDRESS 1517 NIGHT SHADE CT STREET ADDRESS Ocean City, MD 21843 CITY-ST-ZIP VIENNA VA 22180 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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