

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005596

1. Entity Name

THE TRUMPETER FOUNDATION, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91701 013 ****61.25

Principal Place of Business

Mailing Address

6790 MILLER DR
200
MIAMI FL 33155

6790 MILLER DR
200
MIAMI FL 33155

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

65-0622178

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

SWANKO, EDWARD H SR.
6790 MILLER DR
SUITE 200
MIAMI FL 33155

Name Martiele P. SWANKO

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

6790 Miller Dr. #200

City MIAMI

FL

Zip Code

33155

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 DS ☐ Delete
NAME STOCKWELL, MARC
STREET ADDRESS 6790 MILLER DR STE 200
CITY-ST-ZIP MIAMI FL 33155

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

TITLE D ☐ Delete
NAME GORDON, J. DENNIS
STREET ADDRESS 6790 MILLER DR STE 200
CITY-ST-ZIP MIAMI FL 33155

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

TITLE PD ☐ Delete
NAME SWANKO, MARTIELE P
STREET ADDRESS 6790 MILLER DR STE 200
CITY-ST-ZIP MIAMI FL 33155

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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:

Martiele P. Swanko, President

4/26/02 (305) 608-6467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)