

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90092 027 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000002554
 1. Entity Name
THE AGNACIAN FOUNDATION, INC.

Principal Place of Business Mailing Address
5120 WILLOW LEAF DRIVE **5120 WILLOW LEAF DRIVE**
SARASOTA FL 34241 **SARASOTA FL 34241-6231**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0756823 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

Zip Country Zip Country

6. Name and Address of Current Registered Agent

AGNACIAN, GEORGE N
5120 WILLOW LEAF DRIVE
SARASOTA FL 34241

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	D <input type="checkbox"/> Delete
NAME	AGNACIAN, GEORGE N
STREET ADDRESS	5120 WILLOW LEAF DR
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	D <input type="checkbox"/> Delete
NAME	AGNACIAN, JOAN S
STREET ADDRESS	5120 WILLOW LEAF DR
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	D <input type="checkbox"/> Delete
NAME	AGNACIAN, GEORGE C
STREET ADDRESS	5120 WILLOW DR.
CITY-ST-ZIP	SARASOTA FL 34241
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *George N. Agnacian* **SIGNATURE REQUIRED: GEORGE N. AGNACIAN** **3/23/00** **941 371-6236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)