

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90642 020 ****61.25

DOCUMENT # N99000001387

1. Entity Name
LOUIS B. "BUCK" VOCELLE FOUNDATION, INC.

Principal Place of Business 1849 25TH STREET VERO BEACH FL 32960	Mailing Address 1849 25TH STREET VERO BEACH FL 32960
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 65-0937711	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

BURTON, JANE P
1849 25TH STREET
VERO BEACH FL 32960

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!
 FEE IS \$31.25

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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURTON, JANE P		NAME		
STREET ADDRESS	1849 25TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALLAHAN, DEBORAH		NAME		
STREET ADDRESS	306 14TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32962		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEID, COLETTE		NAME		
STREET ADDRESS	2040 EVA LANE		STREET ADDRESS		
CITY-ST-ZIP	MALABAR FL 32950		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, CAROL K		NAME		
STREET ADDRESS	P.O. BOX 2606		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32961		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEELER, CAROLYN		NAME		
STREET ADDRESS	655 21ST STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOCELLE, LUIS B JR		NAME		
STREET ADDRESS	3333 20TH STREET		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32960		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2001

561569-2284