

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90152 036 \*\*\*\*61.25

**DOCUMENT # N99000001482**

1. Entity Name  
**TREE FOUNDATION, INC.**

Principal Place of Business Mailing Address  
~~1605 MAIN ST, SUITE 1100~~ **2381 Fruitville Rd**  
**SARASOTA FL 34236-5848 34237** ~~SARASOTA FL 34236-5848~~ **34237**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0904869** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**PENDER, MICHAEL R JR**  
~~1605 MAIN ST, SUITE 1100~~ **2381 Fruitville Rd**  
**SARASOTA FL 34236-5848 34237**

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 *Michael R Pender* DATE *2/8/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	STD	<input type="checkbox"/> Delete
NAME	FAUST, MARTIN W	
STREET ADDRESS	1225 SECOND ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENENZES, ALLISON V	
STREET ADDRESS	2111 BEE RIDGE RD	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSON, STPHANIE GOULD	
STREET ADDRESS	1911 RAIN FOREST TRAIL	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PENDER, MICHAEL R JR	
STREET ADDRESS	<del>1605 MAIN ST, SUITE 1100</del> <b>2381 Fruitville Rd</b>	
CITY-ST-ZIP	<del>SARASOTA FL 34236-5848</del> <b>34237</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHARDSON, ROBERT A	
STREET ADDRESS	635 S ORANGE AVE	
CITY-ST-ZIP	SARASOTA FL 34236	
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
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 lists empowered.

SIGNATURE: *Michael R Pender* DATE: *2/8/02* DAYTIME PHONE #: *941-366-2983*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)