


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90120 003 ****61.25

DOCUMENT # N99000001482

1. Entity Name
TREE FOUNDATION, INC.



Principal Place of Business Mailing Address

**2381 FRUITVILLE RD.
SARASOTA FL 34237
US** **2381 FRUITVILLE RD.
SARASOTA FL 34237
US**

J0003438



CHECK HERE IF MAKING CHANGES

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 **65-0904869** 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
2381 FRUITVILLE RD.
SARASOTA FL 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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the empowered.

SIGNATURE: 

JAN 10 2003

CR2E037 (10/02)