

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002886

1. Entity Name
TOBY THE CLOWN FOUNDATION, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90004 029 ****80.00

Principal Place of Business Mailing Address
1539 LAKE CLAY DRIVE **1539 LAKE CLAY DRIVE**
LAKE PLACID FL 33852 **LAKE PLACID FL 33852-6991**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	
Country		Country		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOKES, KEITH D
1539 LAKE CLAY DRIVE
LAKE PLACID FL 33852

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 \$61.25

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

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	KRATEZER, NANCY	NAME	
STREET ADDRESS	852 U.S. 27 NORTH	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, SUZANN	NAME	
STREET ADDRESS	627 LAKE BLUE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, CHARLES	NAME	
STREET ADDRESS	114 BOUGANVILLEA STREET, N.E.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORIO, FRANCIS	NAME	
STREET ADDRESS	32 LAKE JUNE-IN-WINER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, KEITH D	NAME	
STREET ADDRESS	1539 LAKE CLAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Keith D. Stokes (KEITH D, STOKES) 4-24-00 863-465-4438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)