

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90100 021 \*\*\*\*61.25

**DOCUMENT # N99000002886**

1. Entity Name  
**TOBY THE CLOWN FOUNDATION, INC.**

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

**00034530**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**31-7655839 APPLIED FOR**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired            **\$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 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**       Delete  
 NAME      **KRATEZER, NANCY**  
 STREET ADDRESS      **852 U.S. 27 NORTH**  
 CITY-ST-ZIP      **LAKE PLACID FL 33852**

TITLE       Change       Addition  
 NAME       Change       Addition  
 STREET ADDRESS       Change       Addition  
 CITY-ST-ZIP       Change       Addition

TITLE      **D**       Delete  
 NAME      **REED, SUZANN**  
 STREET ADDRESS      **627 LAKE BLUE DRIVE**  
 CITY-ST-ZIP      **LAKE PLACID FL 33852**

TITLE      **TREASURE**       Change       Addition  
 NAME      **PHYLLIS SNYDER**  
 STREET ADDRESS      **1564 SPRING LANE**  
 CITY-ST-ZIP      **LAKE PLACID, FL 33852**

TITLE      **D**       Delete  
 NAME      **KRUEGER, CHARLES**  
 STREET ADDRESS      **114 BOUGANVILLEA STREET, N.E.**  
 CITY-ST-ZIP      **LAKE PLACID FL 33852**

TITLE       Change       Addition  
 NAME       Change       Addition  
 STREET ADDRESS       Change       Addition  
 CITY-ST-ZIP       Change       Addition

TITLE      **D**       Delete  
 NAME      **YORIO, FRANCIS**  
 STREET ADDRESS      **32 LAKE JUNE-IN-WINER DRIVE**  
 CITY-ST-ZIP      **LAKE PLACID FL 33852**

TITLE       Change       Addition  
 NAME       Change       Addition  
 STREET ADDRESS       Change       Addition  
 CITY-ST-ZIP       Change       Addition

TITLE      **D**       Delete  
 NAME      **STOKES, KEITH D**  
 STREET ADDRESS      **1539 LAKE CLAY DRIVE**  
 CITY-ST-ZIP      **LAKE PLACID FL 33852**

TITLE       Change       Addition  
 NAME       Change       Addition  
 STREET ADDRESS       Change       Addition  
 CITY-ST-ZIP       Change       Addition

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       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 *Keith D Stokes*      **KEITH D STOKES**      4-4-01      863-465-4438  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)