2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # **N99000002886** TOBY THE CLOWN FOUNDATION, INC. 03-24-2002 90061 024 ****70.00 Principal Place of Business Mailing Address 1539 LAKE CLAY DRIVE 1539 LAKE CLAY DRIVE LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business 3. Mailing Address 2 W. Imalake BlvD P.O. BOX 2417 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1635839 AKE MACI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STOKES, KEITH D 1539 LAKE CLAY DRIVE LAKE PLACID FL 33852 Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SECRETARY (9/01) TITLE ☐ Delete TITLE KUREK, DIANNE 39 TWIN LAKES ROAD Kratezer, Nancy NAME NAME 852 U.S. 27 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Addition Change SNYDER. PHYLLIS NAME NAME 1564 SPRING LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKE PLACID FL 33852 CITY-ST-ZIP Delete TITLE Change ☐ Addition KRUEGER, CHARLES -- -NAME NAME -114 BOUGANVILLEA STREET, N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition YORIO, FRANCIS NAME STREET ADDRESS 32 LAKE JUNE-IN-WINER DRIVE STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STOKES, KEITH D NAME NAME STREET ADDRESS 1539 LAKE CLAY DRIVE STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

RE: The Residence of Printed Name of Signing Officer on Director 3/1/02 Play-465- 2920

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.