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

DOCUMENT # N02000005915

1. Entity Name

1904 FOUNDATION, INC.



FILED Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90387 027 ****61.25

WARD, HAROLD A II SOPPARK ARE. SUTHS, 5TH FLOOR WINTER PARK FL. 32789 City State City & State Cit						Į				
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City & State State Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARD, HAROLD A III Street Address (P.O. Box Number is Not Acceptable) City FL Vib Code City FL Vib Code City FL Vib Code City FILE NOW: FEE IS \$61.25 B. Election Campaign Financing Transfer Audit State Formula your printed area of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, and accept the obligations of registered agent, or bods, in the State of Florida. I am familiar vision, and accept the obligations of registered agent, or bods, in the S	2. Principal Place of Business		3. Mailing Address							
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6. Name and Address of Current Registered Agent WARD, HAROLD A III 200 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK FL. 32789 CITY FL. Zip Code CITY FL. Address (P.O. Bax Number is Not Acceptable) CITY FL. Zip Code CITY FL. Address (P.O. Bax Number is Not Acceptable) Fl. Address (P.O. Bax Number is Not Acceptable) Fl. Address (P.O. Bax Number is Not Acceptable) Fl. Address	City & Stat	е	City & State			06 1660047			·	
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WARD, HAROLD A III 250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK FL 32789 City FL Zip Code		6. Name and Address of Current I	Registered Agent			7. Name and Addr	ess of New Registered A	gent		ļ
B. The above named entity authmit® this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. MARC Poech Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. WARD, HAROLD A III SIMET ANDRESS ON STRETA DORESS ON STRETA	250 PARI	(AVE. SOUTH, 5TH FLOOR	·							
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12. Thereby 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.		ertify that the information supplied with	this filing does not qualify for	4		ction 119 07/2V/i\ Cla-	rida Statutos I furthor sort	ifu that the i	nformation	l

received with the information 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 applicable, with all other like empowered.

SIGNATURE:

1/27/2003

Daytime Phone #