

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90127 041 ***150.00

DOCUMENT # 562127

1. Entity Name
TRAKOSTYAN FOUNDATION, INC.

Principal Place of Business Mailing Address
445 N.E. 8TH AVENUE 445 N.E. 8TH AVENUE
OCALA FL 34470 Ocala FL 34470

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 **59-1908761** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WIECHENS, EUGENE A
445 N.E. 8TH AVENUE
OCALA FL 34470

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DRAŠKOVICH, KARL A	
STREET ADDRESS	7540 GUSSING	
CITY-ST-ZIP	AUSTRIA, SCHLOSSGASSE	
TITLE	V	<input type="checkbox"/> Delete
NAME	ERDOEDY, IMRE	
STREET ADDRESS	7540 GUSSING	
CITY-ST-ZIP	AUSTRIA, SCHLOSSGASSE	
TITLE	V	<input type="checkbox"/> Delete
NAME	DRASKOVICH, NIKOLAUS	
STREET ADDRESS	7540 GUSSING	
CITY-ST-ZIP	AUSTRIA, SCHLOSSGASSE	
TITLE	S	<input type="checkbox"/> Delete
NAME	WIECHENS, EUGENE A	
STREET ADDRESS	445 N.E. 8TH AVENUE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARMER, MARIA	
STREET ADDRESS	7540 GUSSING	
CITY-ST-ZIP	AUSTRIA, SCHLOSSGASSE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Eugene A. Wiechens*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7th 2002 Date
 Daytime Phone #

CR2E034 (9/01)