

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90083 008 ****61.25

DOCUMENT # 709491

1. Entity Name

MARTIN ANDERSEN-GRACIA ANDERSEN FOUNDATION, INC.

Principal Place of Business

Mailing Address

1717 EDGEWATER DRIVE
P O BOX 547918
ORLANDO FLA 32854
US

P.O. BOX 547918
ORLANDO FL 32854
US

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

59-6166589

Applied For

Not Applicable

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

TRISMEN, RICHARD E.
213 WEST COMSTOCK AVENUE
WINTER PARK FL 32789

TRISMEN, RICHARD F.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD ☐ Delete
NAME WARLOW III, THOMAS P
STREET ADDRESS PO BOX 547163
CITY-ST-ZIP ORLANDO FL 32854

TITLE ☒ Change ☐ Addition
NAME **P.O. BOX 547918**
STREET ADDRESS **ORLANDO, FLORIDA 32854**
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME TRISMEN, RICHARD F
STREET ADDRESS 213 WEST COMSTOCK AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE B ☐ Delete
NAME HAMES, CLIFFORD M
STREET ADDRESS 780 WILLIAMS DRIVE
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE VD ☐ Delete
NAME BARR JR, L GRAHAM
STREET ADDRESS 1819 BEACON STREET
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE D ☐ Delete
NAME SESSIONS, GAIL WARLOW
STREET ADDRESS P.O. BOX 606
CITY-ST-ZIP WOODVILLE MS 39669

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

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:

SIGNATURE REQUIRED

JANUARY 28, 2002 (407)647-5654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD F. TRISMEN, SECRETARY

CR2E037 (9/01)