

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90288 004 ****61.25

DOCUMENT # 714180

1. Entity Name

GEORGE B. CARTER FOUNDATION, INC.

Principal Place of Business

**6545 CORPORATE CENTRE BLVD.
ORLANDO FL 32822
US**

Mailing Address

**PO BOX 628600
ORLANDO FL 32862-8600
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

59-6216204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KNOX, R. JAMES
6545 CORPORATE CENTRE BLVD.
ORLANDO FL 32822**

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

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

TITLE **DC** ☒ Delete
NAME **TRINKLE, ROBERT S**
STREET ADDRESS **121 COLLINS ST**
CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☐ Delete
NAME **ZSCHAU, JULIUS J**
STREET ADDRESS **28050 US HWY 19, N**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **S** ☐ Delete
NAME **HAMMOND, MICHAEL, R**
STREET ADDRESS **1911 LAKESIDE DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **JONES, JIMMY R.**
STREET ADDRESS **3417 GRANT BLVD**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ Delete
NAME **GRAVINA, PETER J**
STREET ADDRESS **1833 HENDRY ST**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME **ZSCHAU, JULIUS J.**
STREET ADDRESS **911 CHESTNUT STREET**
CITY-ST-ZIP **CLEARWATER, FL**

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

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

TITLE ☐ Change ☐ Addition
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)