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

DOCUMENT # 714180

1. Entity Name

GEORGE B. CARTER FOUNDATION, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90828 030 ****61.25

						1							
Principal Pla	ace of Business	Mailing A	ddress										
6545 CORPORATE CENTRE BLVD. ORLANDO FL 32822 US			PO BOX 628600 Orlando Fl 32862-8600 US										
2. Principal	Place of Business	3. Mailing	Address		· ···-								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State			4. FEI Number 59-6216204					Applied For Not Applicable		
Zip Country Zi			p Country			5. Certificate of Status Desired See Required					ditional		
	6. Name and Address of Currer	nt Registered A	gent			7. Name and Address of New Registered Agent						1	
					Name						:	┪-	
KNOX, F 6545 CC		-	Street Addres	s (P.O. Box Number is Not Acceptable)						+			
	00 FL 32822											1	
					City		77.		FL	Zip Coo	le		
8. The abov	e named entity submits this statement	for the purpose	of changing its r	egistered	d office or regis	tered agent, or bo	oth, in the S	State of Florida	a. I am fa	miliar with,	and accept	-	
irie obliga	ations of registered agent.												
SIGNATURE	•												
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable	. (NOTE:	Registered	Agent signature requi	ired when reinstating)			DATE				
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees						
10.′ •	OFFICERS AND D	IRECTORS		1 44		1531716116 (6)							
TITLE	D OFFICERS AND D		Delete	11.		ADDITIONS/CH	IANGES TO	O OFFICERS A				15	
NAME	ZSCHAU, JULIUS J		≟ Delete	TITLE NAME						Change	Addition	(10/02	
STREET ADDRESS	911 CHESTNUT STREET				ADDRESS							7 (1)	
CITY-ST-ZIP	CLEARWATER FL			CITY-S	T-ZIP							F037	
TITLE	S		☐ Delete	TITLE		,				Change	Addition	CR2	
NAME,	HAMMOND, MICHAEL, R			NAME					'			0	
STREET ADDRESS	1911 LAKESIDE DRIVE		•		ADDRESS								
CITY-ST-ZIP	ORLANDO FL			CITY-S	T-ZIP ~ ~								
TITLE	D IONES IMARY B		☐ Delete	TITLE					[Change	☐ Addition		
NAME STREET ADDRESS	JONES, JIMMY R.			NAME									
CITY-ST-ZIP	OTT GIVET DETE			STREET CITY-S	ADDRESS								
	ORLANDO FL TD			1	1-214							1	
TITLE NAME	GRAVINA, PETER J		☐ Delete	TITLE					[Change	☐ Addition		
STREET ADDRESS	1833 HENDRY ST			NAME	ADDRESS								
CITY-ST-ZIP	FT MYERS FL			CITY-SI									
TITLE		<u></u>	☐ Delete	TITLE					г	Change		1	
NAME	ì	'	- Delete	NAME					L	change	Addition		
STREET ADDRESS					ADDRESS								
CITY-ST-ZIP				CITY-SI	- ZIP								
TITLE			☐ Delete	TITLE		-			Г	Change	Addition	1	
NAME	ĺ			NAME						090	Addition		
STREET ADDRESS	I			STORET	ADDRESS							[

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FEE. 18, 2003 407-246-3863