

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

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90048 002 \*\*\*\*\*61.25

**DOCUMENT # 714743**

1. Entity Name

**HOLY TRINITY EPISCOPAL FOUNDATION, INC.**



Principal Place of Business

**100 NE FIRST ST.  
GAINESVILLE FL 32601**

Mailing Address

**P.O. BOX 357399  
GAINESVILLE FL 32635  
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 **23-7010230**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALTER, JAMES D.  
3440 NW 16TH BLVD BLDG B  
GAINESVILLE FL 32605**

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **PETZOLD, MAX**  
STREET ADDRESS **3210 N.W. 37 ST**  
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
NAME **Gordon H. Tremaine**  
STREET ADDRESS **100 NE First Street**  
CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **D** ☐ Delete  
NAME **CASTELLO, WAYNE P.**  
STREET ADDRESS **515 N. MAIN ST. #300**  
CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE **PTD** ☐ Delete  
NAME **SALTER, JAMES D.**  
STREET ADDRESS **703 N.E. FIRST ST**  
CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE **D** ☐ Delete  
NAME **ALSOBROOK, BETTY**  
STREET ADDRESS **1628 N.W. 26TH WAY**  
CITY-ST-ZIP **GAINESVILLE, FL 00000**

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

TITLE **D** ☐ Delete  
NAME **HENDERSON, CAROLYN**  
STREET ADDRESS **6716 SW 35 WAY**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

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

**JAMES D. SALTER**

**352-376-8201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)