2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
02-13-2001 90046 008 ****70.00

DOCUMENT # 718090

1. Entity Name

LA AMISTAD FOUNDATION, INC.

Principal Place of Business	Mailing Address
8400 LA AMISTAD COVE FERN PARK FL 32730 US	8400 LA AMISTAD COVE FERN PARK FL 32730

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-1300982 ☐ 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
BOOTH, HELEN 2212 AZALEA PLACE WINTER PARK FL 32789	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 Helen Booth Helen Booth, President 01/29/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C DAVIS, BRADLEY 200 S ORANGE AVENUE SUITE 1220 ORLANDO FL 32801 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NIES, PERRY T 30 MAITLAND GROVE MAITLAND FL 32851 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODRUFF, BRUCE T 3101 MAGUIRE BLVD. ORLANDO FL 32803 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIMMER, LINDA 6400 S. ORANGE AVENUE ORLANDO FL 32801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairperson of the Board ☒ Change ☐ Addition Rimmer, Linda 7531 S. Orange Blossom Trail C Orlando, FL 32809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Tom Duchene 5404 Silver Star Rd. T Orlando, FL 32808 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Teresa Williams T 3300 Hamlet Loop Winter Park, FL 32792 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition

CR2E037 (10/00)

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 Linda K. Rimmer REQUIRED Linda K. Rimmer, Chairperson 2-5-01 407-235-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #