

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726777

1. Entity Name

EDYTH BUSH CHARITABLE FOUNDATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90117 045 ****61.25

Principal Place of Business	Mailing Address
199 E. WELBOURNE AV. P.O. BOX 1967 WINTER PARK FL 32790-1967	199 E. WELBOURNE AV. P.O. BOX 1967 WINTER PARK FL 32790-1967



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

4. FEI Number	Applied For
23-7318041	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

ODAHOWSKI, DAVID A
 199 E WELBOURNE AVE
 WINTER PARK FL 32789

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VCD	<input type="checkbox"/> Delete
NAME	BELLOFF, MARY. GRETCHEN	
STREET ADDRESS	4234 AVERY ST	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLM, HERBERT W.	
STREET ADDRESS	1269 SERENA DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ODAHOWSKI, DAVID A	
STREET ADDRESS	345 PRAIRIE DUNE WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLOFF, FREDERICK M	
STREET ADDRESS	4234 AVER ST	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLBRICH, GERALD F	
STREET ADDRESS	107 AMBERWOOD CT	
CITY-ST-ZIP	LONGWOOD CT	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LEE, H. CLIFFORD	
STREET ADDRESS	700 MELROSE DR., APT A24	
CITY-ST-ZIP	WINTER PARK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lord, John S.	
STREET ADDRESS	1672 Joeline Ct.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Waggoner, Robert E.	
STREET ADDRESS	110 Spring Valley Dr.	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: David Odahowski Date: 1/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #: 407-647-4322

CR2E037 (9/99)