

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90087 044 ****61.25

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DOCUMENT # 742134

1. Entity Name

THE RUTH H. KEMP MEMORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4786
 DOWLING PARK FL 32064

P.O. BOX 4786
 DOWLING PARK FL 32064

80037607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1831688

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

KEMP, GLENN E
23328 LIVE OAK LANE
DOWLING PARK FL 32060

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | VPST | <input type="checkbox"/> Delete |
| NAME | KEMP, GLENN E | |
| STREET ADDRESS | 23328 LIVE OAK LANE | |
| CITY-ST-ZIP | DOWLING PARK FL 32064 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KEMP, CAROL S. | |
| STREET ADDRESS | 23328 LIVE OAK LANE | |
| CITY-ST-ZIP | DOWLING PARK FL 32064 | |
| TITLE | CPD | <input type="checkbox"/> Delete |
| NAME | KEMP, MARC E | |
| STREET ADDRESS | 5440 S MAPLE CITY RD | |
| CITY-ST-ZIP | MAPLE CITY MI 49664 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOLDEN, G. D | |
| STREET ADDRESS | 8119 WOODLAND DR. | |
| CITY-ST-ZIP | BUENA PARK CA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CURTIS A KEMP, | |
| STREET ADDRESS | 9124 HORNER COURT | |
| CITY-ST-ZIP | FAIRFAX VA 22031 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAURA M. KEMP | |
| STREET ADDRESS | 23435 PORT GAMBLE RD, N E | |
| CITY-ST-ZIP | POULSHO WA 98370 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

POULSBO WA 98370

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:

Glenn Kemp
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01
 Date

(386) 658-1373
 Daytime Phone #

CR2E037 (10/00)