

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90149 032 ****61.25

DOCUMENT # 760992

1. Entity Name

THE FORREST C. LATTNER FOUNDATION, INC.



Principal Place of Business

**777 E. ATLANTIC AVE., SUITE 317
DELRAY BCH. FL 33483**

Mailing Address

**777 E. ATLANTIC AVE., SUITE 317
DELRAY BCH. FL 33483**

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 **59-2147657**

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

**HARRIS, JACK
NORTHERN TRUST BANK
770 E ATLANTIC AVENUE
DELRAY BEACH FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 Jack Harris

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	DP LLOYD, SUSAN L.	<input type="checkbox"/> Delete
STREET ADDRESS	274 WOODCOCK LN	
CITY-ST-ZIP	AMBLER PA 19002	
TITLE NAME	DCS CONNELLY, MARTHA L.	<input type="checkbox"/> Delete
STREET ADDRESS	320 N. TERRACE DR.	
CITY-ST-ZIP	WICHITA KS	
TITLE NAME	DT BROWN, FORREST C.	<input type="checkbox"/> Delete
STREET ADDRESS	7777 FOREST LANE STE 528	
CITY-ST-ZIP	DALLAS TX 75230	
TITLE NAME	T HARRIS, RICHARD M	<input type="checkbox"/> Delete
STREET ADDRESS	200 LONDONBERRY	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE NAME	T HOLLENBECK, DAVID W	<input type="checkbox"/> Delete
STREET ADDRESS	11 ROSE CT	
CITY-ST-ZIP	SAUSALITO CA 94965	
TITLE NAME	T HOLLENBECK, DOUGLAS W	<input type="checkbox"/> Delete
STREET ADDRESS	17 ENFIELD RD	
CITY-ST-ZIP	SAINT LOUIS MO 63132	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DCS WALKER, MARTHA L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	227 E. Pine Meadow Ct.	
CITY-ST-ZIP	ANDOVER, KS-67002	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Susan L. Lloyd
SIGNATURE REQUIRED

3/20/03 561-278-3781

CR2E037 (10/02)