

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91189 039 \*\*\*\*61.25

**DOCUMENT #** 761144

1. Entity Name:

BAHL FOUNDATION, INC.

Principal Place of Business

310 CHENEY HIGHWAY  
 TITUSVILLE, FL 32780  
 US

Mailing Address

310 CHENEY HIGHWAY  
 TITUSVILLE, FL 32780  
 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  
 59-2145860

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

HUNT, CHARLES R.  
 310 CHENEY HIGHWAY  
 TITUSVILLE, FL 32780

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.

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$81.25**

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  
 PSTD  
 BAHL, J.K.  
 310 CHENEY HIGHWAY  
 TITUSVILLE, FL 32780 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BAHL, A.K.  
 310 CHENEY HIGHWAY  
 TITUSVILLE, FL 32780 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V, D  
 HUNT, CHARLES R.  
 310 CHENEY HIGHWAY  
 TITUSVILLE, FL 32780 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP, D ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES R HUNT, VP

5/17/01

(321) 269-9320

Date

Daytime Phone #

CR2E037 (11/00)