

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90006 010 \*\*\*\*61.25

**DOCUMENT # F00000002731**

1. Entity Name

**BADDOUR-SALEEBY FOUNDATION, INC.**

Principal Place of Business

**249 PROMENADE CIRCLE  
 HEATHROW FL 32746**

Mailing Address

**249 PROMENADE CIRCLE  
 HEATHROW FL 32746**

2. Principal Place of Business

**249 Promenade Circle**

Suite, Apt. #, etc.

**Heathrow, FL**

**Zip 32746**

**Country USA**

3. Mailing Address

**249 Promenade Circle**

Suite, Apt. #, etc.

**Heathrow, FL**

**Zip 32746**

**Country USA**

4. FEI Number

**58-2351327**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRAMER, CHARLES W ESQUIRE  
 1420 EDGEWATER DRIVE  
 ORLANDO FL 32804**

*Address change* →

7. Name and Address of New Registered Agent

Name **Charles Cramer, Esquire**

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

**1411 Edgewater Dr.**

**Suite 100**

City **Orlando**

**FL**

Zip Code **32804**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	PD BADDOUR, PAUL M 249 PROMENADE CIRCLE HEATHROW FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERTSON, MARIE BADDOUR 14 MEADOWBROOK LANE WEST MEMPHIS AR 72301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTGOMERY, STEVE 249 PROMENADE CIRCLE HEATHROW FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTGOMERY, KRISTEN BADDOUR 249 PROMENADE CIRCLE HEATHROW FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	567 S. SIERRA AVE #87 Solana Beach, Ca. 92075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	567 S. SIERRA AVE. #87 Solana Beach, Ca. 92075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JANE B. BADDOUR 249 Promenade Circle Heathrow, FL. 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul M. Baddour, President* 8/6/02 407-333-0212

CR2E037 (4/02)