

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90112 018 ****70.00

DOCUMENT # *F00000002968*

1. Entity Name

*THE CALLERLAB FOUNDATION FOR PRESERVATION
& PROMOTION OF SQUARE DANCING, INC.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

467 FORREST AVE, SUITE 118

Suite, Apt. #, etc.

467 FORREST AVE, SUITE 118

City & State

COCOA, FL

City & State

COCOA, FL

Zip

32922

Country

Zip

32922

Country

4. FEI Number

41-1693478

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

REED, JERRY

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

467 FORREST AVE, SUITE 118

City

COCOA,

FL

Zip Code

32922

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

**FEE IS \$61.25
Initial or Amended UBR**

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	<i>CD</i>
NAME	<i>JACOBH, MIKE</i>
STREET ADDRESS	<i>PO BOX 2555</i>
CITY-ST-ZIP	<i>FREDERICKTOWN, NJ 08822</i>
TITLE	<i>VD</i>
NAME	<i>TIM CRAWFORD</i>
STREET ADDRESS	<i>2229 SUNNYSIDE DRIVE</i>
CITY-ST-ZIP	<i>BURLINGTON, ON L7M 4K6 CANADA</i>
TITLE	<i>D</i>
NAME	<i>COLE, LARRY</i>
STREET ADDRESS	<i>3301 N 500 W</i>
CITY-ST-ZIP	<i>MAXION, IN 46952-9753</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *JERRY REED*

3-25-03 321-634-0039

CR2E037B (12/02)