

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91103 038 ****61.25

DOCUMENT # F01000005230

1. Entity Name

THE V.O.I.C. EXPERIENCE FOUNDATION, INC.



Principal Place of Business

**225 W. 34TH STREET
STE 2007
NEW YORK NY 10122**

Mailing Address

**PO BOX 22016
LAKE BUENA VISTA FL 32830**

2. Principal Place of Business

3. Mailing Address

P.O. Box 939

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LIBERTYVILLE, IL

Zip

Country

Zip

Country

60048-0939

US

4. FEI Number **13-4145412**

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

**SCOVASSO, STEPHEN
174 SPRINGFIELD PASS
DAVENPORT FL 33837**

Name **MARIA ZOUVES**

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

105 OLD MILL POND RD

City **PALM HARBOR**

FL

Zip Code **34683**

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 *Maria Zouves*

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

(NOTE: Registered Agent signature required when reinstating)

2/24/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **GANNON, ELIZABETH**
STREET ADDRESS **174 SPRINGFIELD PASS**
CITY-ST-ZIP **DAVENPORT FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **GANNON, ELIZABETH**
STREET ADDRESS **105 OLD MILL POND RD.**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **VD** ☐ Delete
NAME **ZOUVES, MARIA**
STREET ADDRESS **6514 NORTH KILBURN**
CITY-ST-ZIP **LINCOLNWOOD IL**

TITLE **VD** ☒ Change ☐ Addition
NAME **ZOUVES, MARIA**
STREET ADDRESS **105 OLD MILL POND RD.**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **SD** ☒ Delete
NAME **SCOVASSO, STEPHEN**
STREET ADDRESS **174 SPRINGFIELD PASS**
CITY-ST-ZIP **DAVENPORT FL**

TITLE **SD** ☐ Change ☒ Addition
NAME **BERNARD DOBROSKI**
STREET ADDRESS **133 Abingdon Avenue**
CITY-ST-ZIP **Kenilworth, IL 60043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Maria Zouves* **REQUIRED**

3/9/03 847-367-9792

CR2E037 (10/02)