

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

FILED

04 JAN -2 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000000815

1. Entity Name

Caron Foundation of Florida, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7000 North Federal Hwy.

Suite, Apt. #, etc.

3. Mailing Address

Galen Hall Road, Box 150

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

04

City & State

Boca Raton, FL

City & State

Wernersville, PA

4. FEI Number

061675898

Applied For

Not Applicable

Zip

33432

Country

Palm Beach

Zip

19565

Country

Berks

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hayes Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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

N/A

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
NAME
P/D
Douglas Tieman
STREET ADDRESS
Galen Hall Road, Box 150
CITY-ST-ZIP
Wernersville, PA 19565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
T/D
David A. Murdoch, Esquire
STREET ADDRESS
Galen Hall Road, Box 150
CITY-ST-ZIP
Wernersville, PA 19565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500026968915
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TITLE
NAME
S/D
Michael Early
STREET ADDRESS
Galen Hall Road, Box 150
CITY-ST-ZIP
Wernersville, PA 19565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E037B (12/02)

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:

David A. Murdoch, Esquire

David A. Murdoch, Esquire

12/17/03

610-678-2332 ext. 2182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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