2000	UNIFORM	BUSI	NESS REPO	RT (U	BR)		ГI	ГГГ	•		
DOCUMENT # F9500003948 1. Entity Name						Ja	FILED Jan 19, 2000 8:00 am				
CHARLE	s parker foundat	rion, inc					Secreta 1 01-19-2000 90				
Principal Place of Business Mailing Address											
427 TIMBERLAKE DR. MELBOURNE FL 32940 US			P.O. BOX 410595 MELBOURNE FL 32941-0595 US				11.2 19(2) 015) 20(); 00(;)	··· •		1002 1012 1002	
2. Principal F	1. Entity Name   CHARLES PARKER FOUNDATION,   Principal Place of Business   R27 TIMBERLAKE DR.   MELBOURNE FL 32940   JS   2. Principal Place of Business   Suite. Apt. #, etc.   City & State   Zip   Country   6. Name and Address of Curr   BRADLEY, FRANCIS M   427 TIMBERLAKE DRIVE   BRADLEY, FRANCIS M   427 TIMBERLAKE DRIVE   MELBOURNE FL 32940   SIGNATURE   SIGNATURE   SIGNATURE   PC   SIGNATURE   FILE NOW: FEE IS \$61.25   ITE IS \$61.25   ITE IS \$61.25   ITE PC   MELBOURNE FL 32940   ITTE   ITE IS \$61.25   ITE IS \$61.25   ITE IS \$61.25   ITE IS \$61.25   ITIE IS \$61.25 <t< td=""><td colspan="3">3. Mailing Address</td><td></td><td></td><td colspan="5"></td></t<>	3. Mailing Address									
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SI	PACE		
City & State			City & State			4. FEI Number Applied For Applied For Not Applicable					
Zip Country			Zip Co					8.75 Ad	ditional		
	6. Name and Address o	of Current Re	gistered Agent			7. Name and	Address of New Re				
					me <sup></sup>		<u></u>				
			· · ·		eet Addres	s (P.O. Box Number	ris Not Acceptable)				
					y			FL	Zip Coc		
8. The above	e named entity submits this sta	atement for th	he purpose of changing its	registered off	ice or regis	tered agent, or both	, in the state of Florid		<u> </u>		
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SIGNATURE	Cleastic bind a printed some at ap	violanad accept and		E Degistered Agen				DATE			
·		JISTERED AGENT BIRD				ired when reinstating)	·····		<u></u>		
· · · · · ·			9. Election Campaign Financing Trust Fund Contribution.		⊐ Ado	.00 May Be ded to Fees		ke Check Payable to epartment of State			
10	1	S AND DIRE	CTORS	11,		ADDITIONS/CHA	NGES TO OFFICER	S AND DIR	ECTORS IN		
title Name			Delete	1 TITLE NAME					🗋 Change	Addition	
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indicated of the cor	certify that the information sup l on this report or supplementa poration or the receiver or tru , or on an attachment with an	al report is tri	ue and accurate and that r ared to execute this report	r the exemption my signature s as required by	n stated in hall have th Chapter 6	Section 119.07(3)(i) le same legal effect 17, Florida Statutes	), Florida Statutes. I f as if made under oa ;; and that my name ;	urther certi th; that I ar appears in	y that the i n an officer Block 10 o	nformation or director Block 11 if	
<u></u>		 10 11 77 A 10	-Xeh-Aut	$\lambda_{rr} K$	l (ha r	10, 11	In Janno	541	7/17	1111	
SIGNAT			THE NAME OF SIGNING OFFICE		LUUY	UNX I	gere_	2/1	ム <u>ナノ</u> ~ time Phone #	1421	