

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003948

1. Entity Name

CHARLES PARKER FOUNDATION, INC.

FILED

Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90046 035 \*\*\*\*61.25

UW/US53

Principal Place of Business

Mailing Address

427 TIMBERLAKE DR.  
MELBOURNE FL 32940  
US

P.O. BOX 410595  
MELBOURNE FL 32941  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-6058863

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

BRADLEY, FRANCIS M  
427 TIMBERLAKE DRIVE  
MELBOURNE FL 32940

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PC ☐ Delete  
NAME BRADLEY, FRANCIS M  
STREET ADDRESS 427 TIMBERLAKE DR  
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE SD ☐ Delete  
NAME BRADLEY, NANCY B  
STREET ADDRESS 427 TIMBERLAKE DR  
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE D/VP ☐ Delete  
NAME COL. J. SANDERS (RET)  
STREET ADDRESS 1350 COUNTY RD. #561  
CITY-ST-ZIP DUNEDIN FL 34697

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

TITLE DT ☐ Delete  
NAME BRADLEY, ANDREW H  
STREET ADDRESS 2724 BAY VISTA  
CITY-ST-ZIP HIGHLAND MI 48357

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)