

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000536

1. Entity Name

PPYC FOUNDATION, LIMITED COMPANY

Principal Place of Business

3601 CAPE COLE BLVD.
PUNTA GORDA FL 33955

Mailing Address

3601 CAPE COLE BLVD.
PUNTA GORDA FL 33955-1917

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

65-0502277

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OAKS, DAVID K
252 W MARION AVE
PUNTA GORDA FL 33950

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLARK, WALLACE D
24203 SAVORY LN
PUNTA GORDA FL 33955 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLARK, CAROL M
24203 SAVORY LN
PUNTA GORDA FL 33955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400003221794--1
-04/24/00-01168--004
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLARK, RONALD
1401 ISLAMORADA DR
PUNTA GORDA FL 33955 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DENNIS, JOSEPH W
17493 CUILLIGAN CT
PUNTA GORDA FL 33955 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DILLON, GLEN W
3230-36C S SHORE DR
PUNTA GORDA FL 33955 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DILLON, THELMA M
3230-36C S SHORE DR
PUNTA GORDA FL 33955 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SISK, JOHN L
2150 GULFVIEW RD
PUNTA GORDA, FL 33950 ☐ Change ☒ Addition *de*

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Carol M. Clark* **SIGNATURE REQUIRED**

Carol M. Clark, MGRM 4/4/00

941-639-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)