

2001 UNIFORM BUSINESS REPORT (UBR)

0020238 AF

DOCUMENT # L94000000536

1. Entity Name

PPYC FOUNDATION, LIMITED COMPANY

FILED

01 MAR 26 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3601 CAPE COLE BLVD.
PUNTA GORDA FL 33955

Mailing Address

3601 CAPE COLE BLVD.
PUNTA GORDA FL 33955

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE NAME ☐ Delete
MGRM SISK, JOHN L
STREET ADDRESS 2150 GULFVIEW RD
CITY-ST-ZIP PUNTA GORDA FL 33950

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
600003961286--0
-04/05/01--01088--001
*****50.00 *****50.00

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

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

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

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

11. 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 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: *Carole M. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/23/01

Date

941-639-0733

Daytime Phone #

CR2E083 (11/00)