

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90054 031 ****55.00

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**

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

Carol M. Clark

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

3601 Cape Cole Blvd.

City

Punta Gorda

FL

Zip Code

33955

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

Carol M. Clark

Carol M. Clark

4/29/02

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
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

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

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 CULLIGAN 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
SISK, JOHN L
2150 GULFVIEW RD
PUNTA GORDA FL 33950** ☐ Delete

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

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: Carol M. Clark

4/29/02

941-639-0733

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

Date

Daytime Phone #

CR2E083 (9/01)