

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90055 001 \*\*\*150.00

**DOCUMENT # M92890**

**1. Entity Name**  
**ROCKLEDGE FOUNDATION INVESTMENT CORP.**

**Principal Place of Business**

**535 DELANNEY AVENUE**  
**COCOA FL 32922**  
**US**

**Mailing Address**

**POST OFFICE BOX 129**  
**COCOA FL 32923-0129**  
**US**

**2. Principal Place of Business**

**976 Brevard Ave.**

Suite, Apt. #, etc.

**Suite A**

City & State

**Rockledge, Florida**

Zip

**32955**

Country

**Brevard**

**3. Mailing Address**

**976 Brevard Ave.**

Suite, Apt. #, etc.

**Suite A**

City & State

**Rockledge, Florida**

Zip

**32955**

Country

**Brevard**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-2901957**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRIS, DEWEY L.**  
**535 DELANNOY AVENUE**  
**COCOA FL 32922**

**7. Name and Address of New Registered Agent**

Name

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

**976 Brevard Ave.**

**Suite A**

City

**Rockledge**

**FL**

Zip Code

**32955**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAGEN, BARBARA</b>	
STREET ADDRESS	<b>SCHAANERST 15</b>	
CITY-ST-ZIP	<b>VADUZ NI</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NORBORT, SPIRIG</b>	
STREET ADDRESS	<b>RHEINSTER 36</b>	
CITY-ST-ZIP	<b>9443 WIDNAU WI</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS DEWEY L.</b>	
STREET ADDRESS	<b>535 DELANNOY AVENUE</b>	
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
**DeWEY L. HARRIS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-02**  
 Date

**321-433-1191**  
 Daytime Phone #

CR2E034 (9/01)