

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001035

1. Entity Name

THEODORE F. SMITH & NANCY ANN SMITH FAMILY FOUND

Principal Place of Business

Mailing Address

3000 RUM ROW
NAPLES FL 34102

3000 RUM ROW
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address Goodman & Breen

Suite, Apt. #, etc.

3838 Tamiami Tr. N.

Suite, Apt. #, etc.

300

City & State

City & State

Naples, FL

4. FEI Number

65-0982607

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

GOODMAN, KENNETH D
3838 TAMIA MI TRAIL NORTH, STE. 300
NAPLES FL 34103

Name

Goodman & Breen, P.A.

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

3838 Tamiami Tr. N.

Suite 300

City

Naples

FL

Zip Code

34103

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

Nancy J. Gibbs

Signature, typed or printed name of registered agent and title if applicable.
Nancy J. Gibbs, Esq.

(NOTE: Registered Agent signature required when reinstating)

7/11/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	SMITH, THEODORE F	
STREET ADDRESS	3000 RUM ROW	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, NANCY ANN	
STREET ADDRESS	3000 RUM ROW	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, THEODORE F JR.	
STREET ADDRESS	340 WINDING WAY	
CITY-ST-ZIP	ANDERSON IN 46011	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, TERRANCE A	
STREET ADDRESS	17 WINDRIDGE	
CITY-ST-ZIP	ANDERSON IN 46011	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Theodore F. Smith
SIGNATURE REQUIRED

7/11/01

941-262-0341

FILED
Jul 18, 2001 8:00 am
Secretary of State

02-09-2001 90225 012 ****61.25
07-18-2001 90009 037 ****61.25

911 1604



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)