

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

03-07-2002 90034 006 ****61.25

DOCUMENT # N00000001495

1. Entity Name

TWO EGG FOUNDATION, INC.

Principal Place of Business

**4884 CAPE SAN BLAS ROAD
PORT ST. JOE FL 32456**

Mailing Address

**4884 CAPE SAN BLAS ROAD
PORT ST. JOE FL 32456**

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

APPLIED FOR

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

**GIBSON, THOMAS S
206 EAST FOURTH STREET
PORT ST. JOE FL 32456**

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 \$61.25

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 **PD** ☐ Delete
NAME **PATTERSON, BETHEA**
STREET ADDRESS **4884 CAPE SAN BLAS ROAD**
CITY-ST-ZIP **PORT ST. JOE FL 32456**

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

TITLE **VPD** ☐ Delete
NAME **MACGREGOR, SARAH**
STREET ADDRESS **1111 ARLINGTON BLVD., RIVERPLACE W. #431**
CITY-ST-ZIP **ARLINGTON VA 22209**

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

TITLE **SD** ☐ Delete
NAME **ANDREWS, MATILDA**
STREET ADDRESS **3917 NAPANEE ROAD**
CITY-ST-ZIP **LOUISVILLE KY 40207**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betha Patterson
Feb 26, 02 Date

Daytime Phone #

850-229-9541

CR2E037 (9/01)

Attachment
Jm 4/5/04
#N00000001495

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

Two Egg Foundation, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

4884 Cape San Blas Road

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

Port St. Joe, FL 32456

5b City, state, and ZIP code

6 County and state where principal business is located

Gulf County, Florida 32456

7a Name of principal officer, general partner, grantor, owner, or trustee

Bethea Patterson, President/Dir

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☐ Corporation (enter form number to be filed) ▶

☐ Personal service corp.

☐ Church or church-controlled organization

☒ Other nonprofit organization (specify) ▶ educational org.

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ Farmers' cooperative

☐ REMIC

☐ State/local government

☐ Federal government/military

☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State
FL

Foreign country

9 Reason for applying (check only one box)

☐ Started new business (specify type) ▶

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☒ Other (specify) ▶ Began educational organization

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

2/29/00

11 Closing month of accounting year

December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶

Agricultural
0

Household
0

Other
0

14 Check one box that best describes the principal activity of your business.

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☐ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☐ Other (specify)

☐ Wholesale-agent/broker

☐ Wholesale-other

☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Thomas S. Gibson

Address and ZIP code

P. O. Box 39, Port St. Joe, FL 32457

Designee's telephone number (include area code)

(850) 229-8211

Designee's fax number (include area code)

(850) 227-1619

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Bethea Patterson, President/Dir.

Signature ▶

Bethea Patterson

Date ▶ 4/10/02

Applicant's telephone number (include area code)

(850) 229-9541

Applicant's fax number (include area code)

() None