

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90002 025 \*\*\*\*61.25

**DOCUMENT #** N000000001692 ✓

**1. Entity Name**

David Kim Perry Foundation, Corporation

**Principal Place of Business**

**Mailing Address**

15 Prescott Lane  
 Palm Coast, FL 32164

15 Prescott Lane  
 Palm Coast, FL 32164

**2. Principal Place of Business**

**3. Mailing Address**

15 Prescott Lane  
 Suite, Apt. #, etc.

15 Prescott Lane  
 Suite, Apt. #, etc.

**City & State**

**City & State**

Palm Coast, FL

Palm Coast, FL

**Zip**

**Country**

**Zip**

**Country**

32164

FL 32164

32164

FL 32164

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

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

David Kim Perry  
 15 Prescott Lane  
 Palm Coast, FL 32164

**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** (C) David Kim Perry ☐ Delete  
**NAME** 15 Prescott Lane  
**STREET ADDRESS** Palm Coast, FL 32164  
**CITY-ST-ZIP**

**TITLE** Mrs. Carolyn Irby (D) ☐ Change ☒ Addition  
**NAME** 10001 N.E. 82nd Avenue  
**STREET ADDRESS** Vancouver, WA 98662  
**CITY-ST-ZIP**

**TITLE** Joseph Perry (D) ☐ Delete  
**NAME** 20315 10th Ave. South  
**STREET ADDRESS** Seattle, WA 98198  
**CITY-ST-ZIP**

**TITLE** Darrell Vauke (D) ☐ Change ☒ Addition  
**NAME** 10780 Hwy. 76 South  
**STREET ADDRESS** Stanton, TN 38069  
**CITY-ST-ZIP**

**TITLE** Mrs. Elizabeth Hope (D) ☐ Delete  
**NAME** 6804 Ivy Log Drive  
**STREET ADDRESS** Austell, GA 30168  
**CITY-ST-ZIP**

**TITLE** Anne Louise Tetkall (D) ☐ Change ☒ Addition  
**NAME** 17177 Parkside  
**STREET ADDRESS** Detroit, Michigan 48221  
**CITY-ST-ZIP**

**TITLE** Mark Perry, Jr. (D) ☐ Delete  
**NAME** 6313 6th Street  
**STREET ADDRESS** Los Angeles, CA 90048  
**CITY-ST-ZIP**

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

**TITLE** Mrs. Benita Dear (D) ☐ Delete  
**NAME** 18649 Lancashire  
**STREET ADDRESS** Detroit, MI 48223  
**CITY-ST-ZIP**

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

**TITLE** Willy Tait (D) ☐ Delete  
**NAME** 55 Houze Lane  
**STREET ADDRESS** Freemanville, AL 36502  
**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:**

David Kim Perry

5-15-01

386-445-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)