

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-15-2002 90010 020 ****61.25

DOCUMENT # N00000002167

1. Entity Name

MOREAN PETERSEN FOUNDATION, INC.

Principal Place of Business

**3838 TAMiami TRAIL N.
SUITE 300
NAPLES FL 34103**

Mailing Address

**3838 TAMiami TRAIL N.
SUITE 300
NAPLES FL 34103**

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

59-3613033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOODMAN, KENNETH D
3838 TAMiami TRAIL N SUITE 300
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

Goodman & Breen, P.A.

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

3838 Tamiami Trail 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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/02

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

TITLE **D** ☐ Delete
NAME **PETERSEN, AUDREY M**
STREET ADDRESS **4351 GULF SHORE BLVD UNIT 14 SOUTH**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete
NAME **PETERSEN, ALFRED D**
STREET ADDRESS **4351 GULF SHORE BLVD UNIT 14 SOUTH**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete
NAME **MANNING, BETH A**
STREET ADDRESS **3618 EL CENTRO**
CITY-ST-ZIP **ST PETERSBURG FL 33706**

TITLE **D** ☐ Delete
NAME **PETERSEN, MARK A**
STREET ADDRESS **18170 PETOSKY CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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

[Signature] **3/4/02 941-403-0843**

Daytime Phone #

CR2E037 (9/01)