

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90116 028 \*\*\*\*61.25

0010300

**DOCUMENT # N00000003183**

1. Entity Name

**SALTER FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**986 DOUGLAS AVE. STE 100  
ALTAMONTE SPRINGS FL 32714**

**986 DOUGLAS AVE. STE 100  
ALTAMONTE SPRINGS FL 32714**

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

**59-3644177**

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

**STARK, CHARLES H  
986 DOUGLAS AVE, STE 100  
ALTAMONTE SPRINGS FL 32714**

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 **D** ☐ Delete  
NAME **SALTER, JAMES I JR**  
STREET ADDRESS **531 W MAIN ST**  
CITY-ST-ZIP **RICHMOND KY 40475**

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

TITLE **D** ☐ Delete  
NAME **STARK, CHARLES H**  
STREET ADDRESS **986 DOUGLAS AVE, STE 100**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE **D** ☐ Delete  
NAME **SALTER, MARY**  
STREET ADDRESS **531 W MAIN ST**  
CITY-ST-ZIP **RICHMOND KY 40475**

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

Date

Daytime Phone #

CR2E037 (9/01)

attachment  
Doc#N00000003183/600373

CHARLES H. STARK, P. A.

ATTORNEY AT LAW

SUITE 100

986 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FLORIDA

32714

CHARLES H. STARK

E-MAIL CHSTARK@BELLSOUTH.NET

TELEPHONE (407) 788-0250

FACSIMILE (407) 788-7244

February 4, 2002

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Division of Corporations

Registration Section

P.O. Box 6327

Tallahassee, FL 32314


Re: Salter Family Foundation (#59-3644177)  
Document #N00000003183

Dear Sir or Madam:

Enclosed for filing on behalf of the above-referenced limited partnership is the 2002 Uniform Business Report and check #1848 payable to your office in the amount of \$61.25 representing the filing fee for this report.

Please contact the undersigned with any questions.

Sincerely,



Charles H. Stark

CHS/db

Enclosures

cc: Dr. James I. Salter  
(w/enclosures)