

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90007 050 ****61.25

DOCUMENT # N00000003441

1. Entity Name

PANDA FOUNDATION, INC.

Principal Place of Business

Mailing Address

~~0200 MARINA DRIVE~~
~~HOLMES BEACH FL 34217~~

~~0200 MARINA DRIVE~~
~~HOLMES BEACH FL 34217~~

3302 69th St. W.
BRADENTON, FL 34209

Same as of flt

2. Principal Place of Business

3. Mailing Address

~~3302 69th St. W.~~

Suite, Apt. #, etc.

City & State

City & State

BRADENTON, FL

Zip

Country

34209

MANATEE

Zip

Country

4. FEI Number

65-1011999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE ☐ Delete
 NAME **PD DAVIS, ROBERT C**
 STREET ADDRESS ~~6200 MARINA DRIVE~~
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ Delete
 NAME **DV LUKOWIAK, TANYA**
 STREET ADDRESS **5205 COLCHESTER AVE**
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Delete
 NAME **TD MARTIJENA, ROBYN**
 STREET ADDRESS **90 FONTAYNE LANE**
 CITY-ST-ZIP **LAWRENCEVILLE NJ 08848**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 any other like empowered.

SIGNATURE:

SIGNATURE *Robert C. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 (941) 794-0186

Date

Daytime Phone #

CR2E037 (9/01)