

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003532

1. Entity Name

BEATRICE CONOVER FOUNDATION, INC.

Principal Place of Business

119 8TH AVENUE
LEHIGH ACRES FL 33936

Mailing Address

119 8TH AVENUE
LEHIGH ACRES FL 33936

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

65-1017555

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

CONOVER, ALAN G
119 8TH AVENUE
LEHIGH ACRES FL 33936

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	D CONOVER, BEATRICE W 119 8TH AVENUE LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONOVER, ALAN G 119 8TH AVENUE LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONOVER, SHERIE G 119 8TH AVENUE LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

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

8/23/02 (239) 498-3039

Date

Daytime Phone #

FILED
Sep 02, 2002 8:00 am
Secretary of State

08-06-2002 90280 025 ****61.25



DO NOT WRITE IN THIS SPACE

attachment

870606

N0000003532

Merrill Lynch Trust Company

1600 Merrill Lynch Drive
MSC 06-03
Pennington, New Jersey 08534



Mailing address:
P.O. Box 1525
Pennington, New Jersey 08534
(609) 274-1282

August 26, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

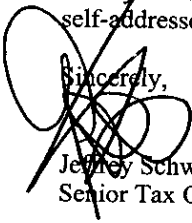
Re: Beatrice Conover Foundation
N00000003532

Dear Ladies and Gentlemen:

Per the request set forth in the enclosed copy of your correspondence dated August 12, 2002, a foundation officer has signed the Uniform Business Report for 2002 on line 12 for the Beatrice Conover Foundation. Please process.

Kindly acknowledge receipt of this correspondence by signing and returning the copy that is enclosed. To aid you a self-addressed postage paid envelope is included.

Sincerely,


Jeffrey Schweikert
Senior Tax Officer

Enclosures

Attachment



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COPY