**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State DOCUMENT # N00000004989 1. Entity Name ROBERT L. DENNARD FAMILY FOUNDATION, INC. 04-29-2002 90087 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 1545 OAK LANE 1545 OAK LANE CLEARWATER: FL 33764 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3668566 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GASSMAN, ALAN S 1245 COURT ST. SUITE 102 CLEARWATER FL 33756 City 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 4 (NOTE: Registered Agent signature required when reinstating) FLE NOW: FEE IS \$61.25 ္တည္ **9**္မွာ Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE ☐ Addition DENNARD, MERLE T NAME\*\*\*\* ATT NAME STREET ADDRESS 1545 OAK LANE STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33764** City-St-7iP TITLE . ☐ Delete TITLE ☐ Change ☐ Addition NAME Dennard, Davit T NAME STREET ADDRESS 102 DAVIDSON DR STREET ADDRESS CITY-ST-7IP DALTON GA 30720 CITY-ST-ZIP TITLE . Delete TITLE Change Addition DENNARD, ROBERT L JR NAME NAME STREET ADDRESS PO BOX 2007 STREET ADDRESS CITY-ST-ZIP LARGO FL 33779 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.