# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 05, 2002**
**Secretary of State**

DOCUMENT# N00000005192

**Entity Name:** FROSENE SONDERLING FAMILY TRUST FOR CHARITABLE GIVING, INC.

**Current Principal Place of Business:**

4403 PINE TREE DRIVE
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4403 PINE TREE DRIVE
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number: 59-3662851** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NAPLES-LAWDOCK, INC.
C/O QUARLES AND BRADY LLP
4501 TAMIAMI TRAIL NORTH SUITE 300
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | D | ( ) Delete |
| Name: | MICHAELS, THEODORE MR. | |
| Address: | 10512 WICKENS ROAD | |
| City-St-Zip: | VIENNA, VA 22181 | |
| Title: | D | ( ) Delete |
| Name: | MICHAELS, STEVEN MR. | |
| Address: | 10512 WICKENS ROAD | |
| City-St-Zip: | VIENNA, VA 22181 | |
| Title: | P/D | ( ) Delete |
| Name: | MICHAELS, LEWIS N MR. | |
| Address: | 10512 WICKENS ROAD | |
| City-St-Zip: | VIENNA, VA 22181 | |
| Title: | T/D | ( ) Delete |
| Name: | MICHAELS, MARIA MS. | |
| Address: | 4403 PINE TREE DRIVE | |
| City-St-Zip: | MIAMI BEACH, FL 33140 | |
| Title: | D | ( ) Delete |
| Name: | STUDDS, NICHOLAS MR. | |
| Address: | 4403 PINE TREE DRIVE | |
| City-St-Zip: | MIAMI BEACH, FL 33140 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS MICHAELS P/D 09/05/2002

Electronic Signature of Signing Officer or Director — Date