

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90653 010 \*\*\*\*61.25

**DOCUMENT # N00000005312**

1. Entity Name

**THE ANN AND CAROL A. GOEURY FOUNDATION, INC.**

Principal Place of Business

1345 SW 9TH AVENUE  
 BOCA RATON FL 33486

Mailing Address

% BUTZEL LONG  
 1200 NORTH FEDERAL HIGHWAY, SUITE 420  
 BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

400 S. Dixie Hwy.  
 Suite, Apt. #, etc.  
 #423

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Boca Raton, FL

Zip

Country

Zip

Country

33432 Palm Bch.

4. FEI Number

~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, JOHN J. SR.  
 C/O BUTZEL LONG, P.C.  
 1200 NORTH FEDERAL HIGHWAY, SUITE 420  
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Robert L. Branstetter, Jr.  
 Street Address (P.O. Box Number is Not Acceptable)  
 400 Branstetter Tax + Financial Corp.  
 400 S. Dixie Hwy. #423  
 City Boca Raton FL Zip Code 33432

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

4/23/02

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOEURY, CAROL A 1345 SW 9TH AVENUE BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRANSTETTER, ROBERT JR 1345 SW 9TH AVENUE BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHMIDT, TAMMY 1345 SW 9TH AVENUE BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 2002

Date

Daytime Phone #

CR2E037 (9/01)