

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005401

1. Entity Name

ETHEL AND PETER MILLER FOUNDATION, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 17 PM 12:48

Principal Place of Business

1520 LOCKMEADE PLACE  
OLDSMAR FL 34677-5121

Mailing Address

1520 LOCKMEADE PLACE  
OLDSMAR FL 34677-5121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

08/08/01 90000 020 #1.25

4. FEI Number

59-3665147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOTHROP, MONICA V ESQ.  
101 EAST KENNEDY BOULEVARD  
SUITE 2800  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

JOANNA SONGY

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

1520 LOCKMEADE PLACE

OLDSMAR

City

FL

Zip Code

34677-5121

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

Joanna Songy

7/30/01

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer Joanna Songy 1520 Lockmeade Place Oldsmar, FL 34677-5121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Vera McCulloch Robinson P.O. Box 292 Buchanan, VA 24066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Don J. Gunther 8665 Bay Colony Drive, Apt. #2204 Naples, FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Johann W. Scheidt 1116 Arcadian Way Fort Lee, NJ 07024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jewel McKeon 817 Bailey Street Safety Harbor, FL 34695	<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
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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 REQUIRED

7/30/01

527 78 9242