

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006141

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: THE FRUITCAKES FOUNDATION INC.

Current Principal Place of Business:

1400 GULF SHORE BLVD. NORTH
SUITE 214
NAPLES, FL 34102 US

Current Mailing Address:

1400 GULF SHORE BLVD. NORTH
SUITE 214
NAPLES, FL 34102 US

New Principal Place of Business:

222 INDUSTRIAL BLVD.
SUITE 197
NAPLES, FL 34104 US

New Mailing Address:

222 INDUSTRIAL BLVD.
SUITE 197
NAPLES, FL 34104 US

FEI Number: 59-3668667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLPE, MICHAEL J ESQ
711 5TH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 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: V/D () Delete
Name: FEERICK, ROBERT
Address: 225 E. MASON ST
City-St-Zip: MILWAUKEE, WI 53202 US

Title: S/T () Delete
Name: VOLPE, MICHAEL J ESQ.
Address: 711 5TH AVENUE SOUTH, SUITE 201
City-St-Zip: NAPLES, FL 34102 US

Title: D () Delete
Name: HARTLEY, MICHAEL
Address: 101 W VENICE AVE, #10
City-St-Zip: VENICE, FL 34285 US

Title: D () Delete
Name: CARTER, MAXINE
Address: 4324 SANCTUARY WAY
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: P/D () Delete
Name: HOLTZ, MARY ANN P
Address: 602 SPRINGLINE DRIVE
City-St-Zip: NAPLES, FL 34102 US

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: MANA HOLTZ

P/D

05/01/2002

Electronic Signature of Signing Officer or Director

Date