

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006602

1. Entity Name

THE MIKULIK FOUNDATION, INC.

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90144 014 ****61.25

A0080937



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4211 N. ORANGE BLOSSOM TRAIL
BLDG. C/44
ORLANDO FL 32804

Mailing Address

4211 N. ORANGE BLOSSOM TRAIL
BLDG. C/44
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3675450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

Name

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

City

FL

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: _____
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME MCCALL, DAVID ☐ Delete
STREET ADDRESS 630 CONESTOGA CIRCLE
CITY-ST-ZIP ORLANDO FL 32712

TITLE D
NAME CHARLIE MEL ☐ Change ☐ Addition
STREET ADDRESS 2101 HANNAN
CITY-ST-ZIP ORLANDO, FL 32826

TITLE D
NAME SUZANSKI, JOE ☐ Delete
STREET ADDRESS 4211 N. ORANGE BLOSSOM TRAIL, #7
CITY-ST-ZIP ORLANDO FL 32804

TITLE D
NAME A.W. PLEMONS ☐ Change ☐ Addition
STREET ADDRESS 75C CONCORD
CITY-ST-ZIP CASSALET 32707 FL 32707

TITLE D
NAME MCROBERTS, DANIELLE ☒ Delete
STREET ADDRESS 524 LAKE AVENUE
CITY-ST-ZIP APOPKA FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MCROBERTS, CHRIS ☐ Delete
STREET ADDRESS 524 LAKE AVENUE
CITY-ST-ZIP APOPKA FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CHARLIE MEL ☒ Delete
STREET ADDRESS 2101 HANNAN
CITY-ST-ZIP ORLANDO, FL 32826

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME A.W. PLEMONS ☒ Delete
STREET ADDRESS 75C CONCORD
CITY-ST-ZIP CASSALET 32707 FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: _____

08/16/01 167 292-2631