

2002 UNIFORM BUSINESS REPORT (UBR)

2/1/

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-01-2002 90053 039 ****61.25

DOCUMENT # N00000006747

1. Entity Name

JAMES A. SKALKO FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

136 VISTA OAK DR
LONGWOOD FL 32779

136 VISTA OAK DR
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

1858 Bridgewater Drive
Suite, Apt. #, etc.

1858 Bridgewater Drive
Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

Lake Mary, FL

4. FEI Number

59-3675496

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

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

SKALKO, JAMES A
136 VISTA OAK DR
LONGWOOD FL 32779

Name James A. Skalko

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

1858 Bridgewater Drive,

City Lake Mary

FL

Zip Code 32746

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$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	<input type="checkbox"/> Delete
NAME	SKALKO, JAMES A	
STREET ADDRESS	136 VISTA OAK DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TICHENOR, ROGER A JR	
STREET ADDRESS	1949 BRIDGEWATER DR	
CITY-ST-ZIP	HEALTHROW FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCHARD, SHELLEY	
STREET ADDRESS	10818 BROWNTROUT CIR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Skalko, James A	
STREET ADDRESS	1858 Bridgewater Drive	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kerr, Steve	
STREET ADDRESS	917 Stillwood Lane	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)