

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007524

1. Entity Name

KISSEL FAMILY FOUNDATION, INC.

Principal Place of Business

735 SWAN LANE
ALTAMONTE SPRINGS FL 32701

Mailing Address

735 SWAN LANE
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

1204 COMMODORE DR

3. Mailing Address

1204 COMMODORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

City & State

NEW SMYRNA BEACH, FL

Zip

32168

Country

USA

Zip

32168

Country

USA

4. FEI Number

59-3649446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR, ESQ
315 E ROBINSON STREET SUITE 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME KISSEL, HARVEY J
STREET ADDRESS 735 SWAN LANE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE D
NAME KISSEL, KATHLEEN M
STREET ADDRESS 735 SWAN LANE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE D
NAME VORBURGER, JENNIFER L
STREET ADDRESS 4627 RIDGEWALK LANE
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE D
NAME KISSEL, ROBERT M
STREET ADDRESS 8556 HANNARY CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE D
NAME KISSEL, BRIAN T
STREET ADDRESS 1773 SAN MARCO APT 4
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empower.

SIGNATURE:

SIGNATURE REQUIRED

Harvey J. Kissel
1204 Commodore Drive
New Smyrna Beach, FL 32168

2/13/02 386 409 0680

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE