

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90018 024 ****61.25

DOCUMENT # N00000007887

1. Entity Name

CAROLYN HAMMOND BRYE CHARITABLE FOUNDATION, INC.

Principal Place of Business

6220 HAWKINS RD
 SARASOTA FL 34241

Mailing Address

6220 HAWKINS RD
 SARASOTA FL 34241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

Country

Zip

Country

34241

U.S.A.

34241

U.S.A.

4. FEI Number

65-1059468

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

Name

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

City

FL

Zip Code

HAMMOND BRYE, CAROLYN
6220 HAWKINS RD
SARASOTA FL 34241

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

SEND 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	DIRECTOR	<input type="checkbox"/> Delete
NAME	CYNTHIA ANDREWS LONG	
STREET ADDRESS	9229 FRUITVILLE RD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CHAS FOLK SR	
STREET ADDRESS	3909 FELLOWSHIP RD	
CITY-ST-ZIP	CHARLOTTE N.C. 28209	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MARGARETE BURDGE	
STREET ADDRESS	6501 IBIS ST	
CITY-ST-ZIP	SARASOTA FL 34241	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

9-7-01

941
922-8360

CR2E037 (5/01)