

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90941 018 \*\*\*\*61.25

**DOCUMENT # N00000008280**

1. Entity Name

**PRECISE POWER FOUNDATION, INC.**

Principal Place of Business

5033 OXFORD DRIVE  
 SARASOTA FL 34242

Mailing Address

5033 OXFORD DRIVE  
 SARASOTA FL 34242

2. Principal Place of Business

1917 Ivanhoe St.

Suite, Apt. #, etc.

3. Mailing Address

1917 Ivanhoe St.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

34231-3511

U.S.A.

Zip

Country

34231-3511

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YADLEY, GREGORY C  
 101 E. KENNEDY BLVD., SUITE 2800  
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

William J. Kemp

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

4409 Sneed Island Rd.

City

Palmetto

FL

Zip Code

34221

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

*William J. Kemp*

06-12-02

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 ☐ Delete

D  
 KEMP, WILLIAM J  
 STREET ADDRESS  
 4409 SNEAD ISLAND RD.  
 CITY-ST-ZIP  
 PALMETTO FL 34221

TITLE ☐ Delete

VD  
 DAHLBURG, BO  
 STREET ADDRESS  
 3541 SOUTH UTAH STREET  
 CITY-ST-ZIP  
 SARASOTA FL 34237

TITLE ☐ Delete

STD  
 HAMILTON, JOAN M  
 STREET ADDRESS  
 2923 BAY ST.  
 CITY-ST-ZIP  
 SARASOTA FL 34237

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

PD  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

D  
 Sally R. Luckee  
 STREET ADDRESS  
 5033 Oxford Dr.  
 CITY-ST-ZIP  
 Sarasota, FL 34242

TITLE ☐ Change ☒ Addition

D  
 Robert Buzzelli  
 STREET ADDRESS  
 1370 Tangier Way  
 CITY-ST-ZIP  
 Sarasota, FL 34239

TITLE ☐ Change ☒ Addition

D  
 Robert E. Windom  
 STREET ADDRESS  
 5450 Eagle Point Circle  
 CITY-ST-ZIP  
 Sarasota, FL 34231

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:

*William J. Kemp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-12-02

941-723-1075

Date

Daytime Phone #

CR2E037 (9/01)

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**Sarasota, FL**

Zip

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TITLE **D** ☐ Delete  
NAME **KEMP, WILLIAM J**  
STREET ADDRESS **4409 SNEAD ISLAND RD.**  
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VD** ☐ Delete  
NAME **DAHLBURG, BO**  
STREET ADDRESS **3541 SOUTH UTAH STREET**  
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **STD** ☐ Delete  
NAME **HAMILTON, JOAN M**  
STREET ADDRESS **2923 BAY ST.**  
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☒ Add  
NAME **Nana Lampton**  
STREET ADDRESS **American Life Insurance & Accident of Kentucky**  
CITY-ST-ZIP **3 Riverfront Plaza**

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Louisville, KY 40202**

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

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