

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90234 017 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000008330

1. Entity Name

THE TONER FAMILY FOUNDATION, INC.



Principal Place of Business

**5315 EVERWOOD RUN
SARASOTA FL 34235**

Mailing Address

**5315 EVERWOOD RUN
SARASOTA FL 34235**

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 **65-1061872**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, DAVID S
240 S PINEAPPLE AVE, 9TH FLOOR
SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	TONER, JAMES P	
STREET ADDRESS	5315 EVERWOOD RUN	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	TONER, EDNA R	
STREET ADDRESS	5315 EVERWOOD RUN	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	TONER, JEFFREY M	
STREET ADDRESS	313 53RD STREET	
CITY-ST-ZIP	WESTERN SPRINGS IL 60558	
TITLE	D	<input type="checkbox"/> Delete
NAME	TONER, JAMES JR	
STREET ADDRESS	1427 WATERFORD GREEN DRIVE	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	D	<input type="checkbox"/> Delete
NAME	TONER, ANDREW	
STREET ADDRESS	107 BUCKBOARD LANE	
CITY-ST-ZIP	FAIRFIELD CT 06430	
TITLE	D	<input type="checkbox"/> Delete
NAME	TONER, CARY	
STREET ADDRESS	8 HIGHCROFT LANE	
CITY-ST-ZIP	MALVERN PA 19355	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
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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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/03

(941) 371-0706

CR2E037 (10/02)