

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

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90391 005 \*\*\*\*61.25

**DOCUMENT #** N00000008540

**#5808-6**

**1. Entity Name**

THE HAROLD L. AND MARCY N. LIBBY FOUNDATION, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

415 L'Ambiance Drive

Suite, Apt. #, etc.

**3. Mailing Address**

415 L'Ambiance Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Longboat Key, FL

**City & State**

Longboat Key, FL

**4. FEI Number**

65-1064314

**Applied For**

**Not Applicable**

**Zip**  
34228

**Country**  
USA

**Zip**  
34228

**Country**  
USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

Libby, Harold L.

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

415 L'Ambiance Drive

**City**

Longboat Key,

**FL**

**Zip Code**  
34228

**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**

**FEE IS \$61.25**

**Initial or Amended UBR**

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PTD Libby, Harold L. 415 L'Ambiance Drive Longboat Key, FL 34228	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP Libby, Marcy N. 415 L'Ambiance Drive Longboat Key, FL 34228	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D Doerr, Kenneth D. 240 S. Pineapple Avenue, 10th FL Sarasota, FL 34236	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Kenneth D. Doerr*

Kenneth D. Doerr, Director 6/4/02 (941) 366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)