

AMENDED

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008540

1. Entity Name

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

08-13-2002 0024 037 \*\*\*61.25

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 AUG 15 PM 4:01

Principal Place of Business

415 L'AMBIANCE DRIVE  
LONGBOAT KEY FL 34228

Mailing Address

415 L'AMBIANCE DRIVE  
LONGBOAT KEY FL 34228

2. Principal Place of Business

3. Mailing Address

P.O. Box 49948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Sarasota, FL

Zip

Country

Zip

34230-6948

Country

4. FEI Number

65-1064314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LIBBY, HAROLD L  
415 L'AMBIANCE DRIVE  
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name Doerr, Kenneth D.

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

240 S. Pineapple Ave., 10th Floor

City Sarasota

FL

Zip Code 34236

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

*Kenneth D. Doerr*  
Signature, typed or printed name of registered agent and title if applicable.

Kenneth D. Doerr

(NOTE: Registered Agent signature required when reinstating)

8/2/02  
DATE

After September 13, 2002,  
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

TITLE PTD  
NAME LIBBY, HAROLD L  
STREET ADDRESS 415 L'AMBIANCE DRIVE  
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE VPSD  
NAME LIBBY, MARCY N  
STREET ADDRESS 415 L'AMBIANCE DRIVE  
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE D  
NAME DOERR, KENNETH D  
STREET ADDRESS 240 S. PINEAPPLE AVE., 10TH FLOOR  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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

TITLE  
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 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:

*Kenneth D. Doerr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth D. Doerr, Dir.

8/2/02  
Date

8/15/02  
Daytime Phone #

CR2037 (4/02)