

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-05-2003 90046 025 ****70.00

DOCUMENT # *NO1000000 631*

1. Entity Name

The Principe Foundation, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1428 OLD ENGLAND LOOP

Suite, Apt. #, etc.

3. Mailing Address

1428 OLD ENGLAND LOOP

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SANFORD, FL

City & State

SANFORD, FL

4. FEI Number

59-3739341

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32771

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PRINCIPE, LOUIS

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

1428 OLD ENGLAND LOOP

City

SANFORD

FL

Zip Code

32771

**DO NOT WRITE
IN THIS SPACE**

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

Louis Principe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D + Roy. Agent
LOUIS PRINCIPLE
1428 OLD ENGLAND LOOP
SANFORD, FL 32771*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D
DON HOKE
1428 OLD ENGLAND LOOP
SANFORD, FL 32771*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D
Rex Henry
1428 OLD ENGLAND LOOP
SANFORD, FL 32771*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**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:

Louis Principe (LOUIS PRINCIPLE)

3/18/03

407-330-0021

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

3/5/2003-90046-025-S70.00-S70.00

DOCUMENT # N0100000631

1. Entity Name
THE PRINCEI FOUNDATION, INC.



Attachment

Principal Place of Business
1399 W STATE ROAD 434
SUITE C
LONGWOOD, FL 32750 US

Mailing Address
5584 ARNOLD PALMER DRIVE STE 124
ORLANDO, FL 32811

2. Principal Place of Business
1428 OLD ENGLAND LOOP
Suite, Apt. #, etc.

3. Mailing Address
1428 OLD ENGLAND LOOP
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SANFORD

City & State
SANFORD

4. FEI Number
59-3739341

Applied For
Not Applicable

Zip
32771

Country
SEMINOLE

Zip
32771

Country
SEMINOLE

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRINCEI, LOUIS
1399 W STATE ROAD 434
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name: PRINCEI, LOUIS
Street Address (P.O. Box Number is Not Acceptable):
1428 OLD ENGLAND LOOP
City: SANFORD FL Zip Code: 32771

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 *Louis Princei*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

3/1/03
DATE

FILE NOW FEE IS \$81.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D PRINCEI, LOUIS 1399 W STATE ROAD 434 LONGWOOD, FL 32750	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRINCEI, JOSEPH 1399 W STATE ROAD 434 LONGWOOD, FL 32750	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOKE, DON 1399 W STATE ROAD 434 LONGWOOD, FL 32750	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO PRINCEI, CLAUDIA 1399 W STATE ROAD 434 LONGWOOD, FL 32750	☒ 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	D + Reg Agent Louis Princei 1428 OLD ENGLAND LOOP SANFORD FL 32771	☒ 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
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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 817, 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: *Louis Princei* LOUIS PRINCEI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03 407-330-0021

Daytime Phone #

CR2037 (10/02)