

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000000690**

1. Entity Name

THE TRANFO FAMILY FOUNDATION, INC.

Principal Place of Business

**C/O JOSEPH C. TRANFO
6920 HARBOR CIR
STUART FL 34996**

Mailing Address

**C/O JOSEPH C. TRANFO
6920 HARBOR CIR
STUART FL 34996**

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

65-1080569

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BALLERANO, JAMES A JR
C/O CHAPIN, ARMSTRONG & BALLERANO
1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	TRANFO, JOSEPH C	6920 HARBOR CIR	STUART FL 34996	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	TRANFO, LINDA M	6920 HARBOR CIR	STUART FL 34996	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	TRANFO, JANE H	34 WILL MERRY LN	GREENWICH CT	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 14, 2002 2036610040

Date

Daytime Phone #

CR2E037 (9/01)