

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001115

1. Entity Name

THE T.L. TUGGLES DARE TO DREAM FOUNDATION, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91728 019 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 974
GREEN COVE SPRINGS FL 32043

P.O. BOX 974
GREEN COVE SPRINGS FL 32043

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

59-3759327

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

TUGGLES, TAWANA L
610 CYPRESS AVE
GREEN COVE SPRINGS FL 32043

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME TUGGLES, TAWANA L
STREET ADDRESS P.O. BOX 974
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D ☐ Change ☒ Addition
NAME JESSIE JOHNSON
STREET ADDRESS 319 HARRISON ST.
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE D ☐ Delete
NAME HENRY, MICHAEL S
STREET ADDRESS 703 MILL ST
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D ☐ Change ☒ Addition
NAME HATTIE ALEXANDER
STREET ADDRESS 967 COBBLESTONE DR.
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE D ☐ Delete
NAME TUGGLES, MARY S
STREET ADDRESS 610 CYPRESS AVE
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D ☐ Change ☒ Addition
NAME TIFFANY FRANCIS
STREET ADDRESS 2115 REDCREST CT.
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Tawana L. Tuggles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-2002

Date

904-284-9655

Daytime Phone

CR2E037 (9/01)