

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001368

1. Entity Name

THE SARAH TIRRI CHILDREN'S FOUNDATION, INC.

Principal Place of Business

Mailing Address

5660 C.R. 561
CLERMONT FL 34711

5660 C.R. 561
CLERMONT FL 34711

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

☒ 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

Name

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

City

FL

Zip Code

TIRRI, ANTHONY C
5660 C.R. 561
CLERMONT FL 34711

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

9

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/V TIRRI, SARAH F 5660 C.R. 561 CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T/S TIRRI, ANTHONY C 5660 C.R. 561 CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRRI, MARIANNE 960 CAPE MARCO DRIVE, UNIT-2305 MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

01-23-02

3522424530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

Date

Daytime Phone #

2.

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-17-2002 90007 001 *****61.25
02-17-2002 90007 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment
18924

FL. DEPT. OF STATE

REF NO1000001368

TO WHOM IT CONCERNS

I AM IN RCPT OF YOUR LETTER REQUESTING FEI #, I HAVE NOT RCVD FEI # AT THIS TIME. I HAND MARKED (X) THE BOX NEXT TO BLOCK 4 TO SHOW IT HAS BEEN APPLIED FOR. I SPOKE WITH MARIE IN THE INTERNET CUSTOMER SERVICE DEPT. SHE TOLD ME TO RESEND TO DOCUMENT WITH THIS NOTE.

Any further information PLEASE DON'T HESITATE TO CONTACT ME EITHER VIA MAIL OR 305.498.3978.

THANK YOU

