

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90672 001 ****70.00

0056762

DOCUMENT # N01000002197

1. Entity Name

UNICORN FOUNDATION, INC.

Principal Place of Business

Mailing Address

2381 SE FEDERAL HWY. SUITE 16
STUART FL 34994

2381 SE FEDERAL HWY. SUITE 16
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

2381 SE Federal Highway

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

T6

Suite 16

City & State

City & State

FL

Stuart

Zip

34994

Country

USA

Zip

34994

Country

USA

4. FEI Number

65-1099060

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

ROSA, TOM
3023 SE BAMBOO ST
STUART FL 34997

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 *Pres* ☐ Delete
NAME ROSA, TOM
STREET ADDRESS 3023 SE BAMBOO ST
CITY-ST-ZIP STUART FL 34997

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

TITLE *Secy* ☐ Delete
NAME JOHNSON, SUSAN
STREET ADDRESS 2431 24TH CT
CITY-ST-ZIP JUPITER FL 33477

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

TITLE ☒ Delete
NAME VERVER, LONNI
STREET ADDRESS 108 SW DONNA TERR
CITY-ST-ZIP PORT ST LUCIE FL 34984

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

TITLE *VP* ☐ Delete
NAME ONOFRIO, KRISTIN
STREET ADDRESS 1965 WHEELER RD
CITY-ST-ZIP N PALM BEACH FL 33408

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/02 561-463-0202

CR2E037 (9/01)