

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-27-2002 90098 020 ****61.25

DOCUMENT # N01000003186

1. Entity Name

THE MARIA DEWBERRY CHILDRENS FOUNDATION, INC.

Principal Place of Business

Mailing Address

125 C ROBIN ROAD
 ALTAMONTE SPRINGS FL 32701

125 C ROBIN ROAD
 ALTAMONTE SPRINGS FL 32701

21067

2. Principal Place of Business

124 Robin Rd.

3. Mailing Address

124 Robin Rd.

Suite, Apt. #, etc.

Suite 1700

Suite, Apt. #, etc.

Suite 1700

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

59-3724805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRATT, JAMES R ESQ.
 369 NORTH NEW YORK AVENUE, 3RD FLOOR
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
 NAME DEWBERRY, DONNA
 STREET ADDRESS 811 HIGHLAND DRIVE
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ Delete
 NAME DEWBERRY, MARC T
 STREET ADDRESS 811 HIGHLAND DRIVE
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE D ☐ Delete
 NAME DEWBERRY, MARCUS
 STREET ADDRESS 10813 VERSAILLES BLVD.
 CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
 NAME Tammy Browning-Smith
 STREET ADDRESS 924 N. Maple Rd.
 CITY-ST-ZIP Ann Arbor, MI 48103

TITLE D ☐ Change ☒ Addition
 NAME Joel Dewberry
 STREET ADDRESS 811 E. Highland Dr.
 CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE D ☐ Change ☒ Addition
 NAME Brian Lowe
 STREET ADDRESS 1525 East Blvd.
 CITY-ST-ZIP Maitland, FL 32751

TITLE D ☐ Change ☒ Addition
 NAME MaryBeth North
 STREET ADDRESS 1022 Hamilton Ave.
 CITY-ST-ZIP Longwood, FL 32750

TITLE D ☐ Change ☒ Addition
 NAME Melissa Parente
 STREET ADDRESS 1411 Gladiolas Dr.
 CITY-ST-ZIP Winter Park, FL 32792

TITLE D ☐ Change ☒ Addition
 NAME Peter Russo
 STREET ADDRESS 3 MacIntosh Rd.
 CITY-ST-ZIP Bedford, MA 01730

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:

Marc Dewberry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

407-339-0239

Date

Daytime Phone #

CR2E037 (9/01)