

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90336 010 ****70.00

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1. Entity Name

THE MARIA DEWBERRY CHILDRENS FOUNDATION, INC.



Principal Place of Business

**124 ROBIN RD
STE 1700
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**124 ROBIN RD
STE 1700
ALTAMONTE SPRINGS FL 32701**

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 **59-3724805**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BROWNING-SMITH, TAMMY**
STREET ADDRESS **924 N MAPLE RD**
CITY-ST-ZIP **ANN ARBOR MI 48103**

TITLE **P** ☐ Change ☒ Addition
NAME **Dewberry, Donna**
STREET ADDRESS **811 E. Highland Drive**
CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE **D** ☐ Delete
NAME **DEWBERRY, JOEL**
STREET ADDRESS **811 E HIGHLAND DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **S** ☐ Change ☒ Addition
NAME **Dewberry, Marc T.**
STREET ADDRESS **811 E. Highland Dr.**
CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE **D** ☐ Delete
NAME **LOWE, BRIAN**
STREET ADDRESS **1525 EAST BLVD**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **T** ☐ Change ☒ Addition
NAME **Dewberry, Marcus**
STREET ADDRESS **10813 Versailles Blvd.**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **D** ☐ Delete
NAME **NORTH, MARY BETH**
STREET ADDRESS **1022 HAMILTON AVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ Change ☒ Addition
NAME **Dunn, Dianalynn --**
STREET ADDRESS **24 Jacobic Rd.**
CITY-ST-ZIP **S. Glens Falls, NY 12803**

TITLE **D** ☐ Delete
NAME **PARENTE, MELISSA**
STREET ADDRESS **1411 GLADIOLAS DR**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **D** ☐ Delete
NAME **RUSSO, PETER**
STREET ADDRESS **3 MACINTOSH RD**
CITY-ST-ZIP **BEDFORD MA 01730**

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:

Wanda Dewberry

4-24-03

407-339-0239

CR2E037 (10/02)