

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

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90027 046 \*\*\*\*70.00

**DOCUMENT #** N01000004050

**1. Entity Name**  
BMW LR FOUNDATION, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 8481 CROOM RITAL ROAD Suite, Apt. #, etc.	<b>3. Mailing Address</b> 8481 CROOM RITAL ROAD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> BROOKSVILLE, FL	<b>City &amp; State</b> BROOKSVILLE, FL	<b>4. FEI Number</b> 59-3722501	<b>Applied For</b> Not Applicable
<b>Zip</b> 34602	<b>Country</b> USA	<b>Zip</b> 34602	<b>Country</b> USA
		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
ALAN S. GASSMAN, ESQ.

**Street Address (P.O. Box Number is Not Acceptable)**  
1245 COURT STREET SUITE 102

**City** CLEARWATER **FL** **Zip Code** 33756

**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**  **DATE** 3/21/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR**

**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			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	WILLIAM R. LAROSA, SR. 8481 CROOM RITAL ROAD BROOKSVILLE, FL 34602	<b>P/D</b>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DOROTHY LAROSA 8481 CROOM RITAL ROAD BROOKSVILLE, FL 34602	<b>S/D</b>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	STEPHEN C. LAROSA 8481 CROOM RITAL ROAD BROOKSVILLE, FL 34602	<b>D</b>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP			<b>DO NOT WRITE IN THIS SPACE</b>
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **W.R. LA ROSA** **DATE** 3/1/02 **Daytime Phone #** 352-799-5202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)