

FILED
May 29, 2003 8:00 am
Secretary of State

5/2/

05-02-2003 90354 001 *1,322.50

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

DOCUMENT # <u>NO1000004208</u>			
1. Entity Name <u>The Freeport Foundation, Inc</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>102 14TH ST E</u>		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>Bradenton FL</u>		City & State 	
Zip <u>34208</u>	Country <u>USA</u>	Zip 	Country
4. FEI Number 		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>Frederick N. Clark</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>102 14TH ST E</u>			
City <u>Bradenton</u>		FL	Zip Code <u>34208</u>
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 _____ (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 Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D. Frederick N. Clark</u> <u>102 14TH ST E</u> <u>Bradenton, FL 34208</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dr. Jacqueline C. Clark</u> <u>102 14TH ST E</u> <u>Bradenton, FL 34208</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Nancy Cook</u> <u>1404 Whitfield Ave.</u> <u>Sarasota, FL 34243</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <u>[Signature]</u>		4/28/03 941-758-1704	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037B (12/02)