

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90763 012 ****61.25

DOCUMENT # N01000004712

1. Entity Name

RUSSELL & ELISABETH LENTZ FOUNDATION, INC.



Principal Place of Business

**3647 WOODHILL DRIVE
BRANDON FL 33511**

Mailing Address

**3647 WOODHILL DRIVE
BRANDON FL 33511**

2. Principal Place of Business

4255 Gulf Dr.

Suite, Apt. #, etc.

Unit 107

City & State

Holmes Beach

Zip

34217

Country

MANATEE

3. Mailing Address

4255 Gulf Dr.

Suite, Apt. #, etc.

Unit 107

City & State

Holmes Beach

Zip

34217

Country

MANATEE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

597173869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SKALSKI, JOSEPH C
14010 ROOSEVELT BLVD., SUITE 708
CLEARWATER FL 33762**

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. 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

TITLE **PSTD** ☐ Delete
NAME **LAMB, MARYDINE L**
STREET ADDRESS **3647 WOODHILL DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **VPD** ☐ Delete
NAME **LENTZ, RUSSELL B JR.**
STREET ADDRESS **RT. ONE BOX 54**
CITY-ST-ZIP **PENROSE NC 28766**

TITLE **D** ☐ Delete
NAME **LENTZ, WILLIAM B**
STREET ADDRESS **P.O. BOX 1510**
CITY-ST-ZIP **SKYLAND NC 28776**

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 ☒ Change ☐ Addition
NAME **4255 Gulf Dr. Unit 107**
STREET ADDRESS **Holmes Beach Fl. 34217**
CITY-ST-ZIP

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

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

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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:

MARYDINE L LAMB 4/28/03 685-9916

CR2E037 (10/02)