

2002 UNIFORM BUSINESS REPORT (UBR)

3/25/

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-25-2002 90052 018 ****61.25

DOCUMENT # N01000005690

1. Entity Name

WALTER C. PRICE FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**150 LAKE MIRROR DR
 LAKE PLACID FL 33852**

**150 LAKE MIRROR DR
 LAKE PLACID FL 33852**

25048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1139254

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BARNHILL, L. EDGAR III ESQ
 5301 N FEDERAL HWY
 BOCA RATON FL 33487**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JANET A. PRICE 150 LAKE MIRROR DR LAKE PLACID, FL 33852	<input type="checkbox"/> Delete T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WILLIAM W. PRICE 4756 Glenn Pine Lane BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALTER C PRICE, JR 4715 HAPPY VALLEY RD LAFAYETTE, CA 94549-2416	<input type="checkbox"/> Delete T
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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CR2E037 (9/01)

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: *Janet A Price* **ACQUIRED** **JANET A PRICE** **3-8-02** **863-465-2717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #