

8/6/

FILED

Sep 03, 2002 8:00 am
Secretary of State

08-06-2002 90134 009 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005963

1. Entity Name

MS CAUSE AND CURE FOUNDATION, INC. ✓

Principal Place of Business

2455 S. PONTE VEDRA BEACH
PONTE VEDRA BEACH FL 32082

Mailing Address

2455 S. PONTE VEDRA BEACH
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Fee Number

37 3756 896

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BUTTERWORTH, ELLEN C
2455 S. PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082

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

8/5/02

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BUTTERWORTH, ELLEN C	"D"
STREET ADDRESS	2455 S. PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	CIO	<input type="checkbox"/> Delete
NAME	LUCKY, BOHDAN W	"D"
STREET ADDRESS	2455 S. PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BUTTERWORTH, EDWARD H	"D"
STREET ADDRESS	2455 S. PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BUTTERWORTH, MELISSA C	"D"
STREET ADDRESS	2455 S. PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE (REBUTTERWORTH)

Date

Daytime Phone #

8/05/02 904-8293512

CR2E037 (4/02)