

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # N01000005996**

1. Entity Name

**HAROLD CARNEGIE APISDORF AND JUNE E. APISDORF CH  
ARITABLE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**2425 GULF OF MEXICO DRIVE, #13A  
SARASOTA FL 34228**

**2425 GULF OF MEXICO DRIVE, #13A  
SARASOTA FL 34228**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

**65-1132498**

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

**APISDORF, JUNE E  
2425 GULF OF MEXICO DRIVE, #13A  
SARASOTA FL 34228**

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 file 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

TITLE **PD** ☐ Delete  
NAME **APISDORF, JUNE E**  
STREET ADDRESS **2425 GULF OF MEXICO DRIVE, #13A**  
CITY-ST-ZIP **SARASOTA FL 34228**

TITLE **VPD** ☐ Delete  
NAME **HUEBNER, THOMAS F**  
STREET ADDRESS **3844 PRAIRIE DUNES**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **TD** ☐ Delete  
NAME **HUEBNER, KIMBERLY D**  
STREET ADDRESS **3844 PRAIRIE DUNES**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **SD** ☐ Delete  
NAME **BAND, GREGORY S**  
STREET ADDRESS **1680 FRUITVILLE ROAD, STE 105**  
CITY-ST-ZIP **SARASOTA FL 34236**

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  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 817, 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:

*June E. Apisdorf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-01**

Date

**941-924-6306**

Daytime Phone #

CR2E037 (9/01)