

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000006735

1. Entity Name

THE CHANCE FOUNDATION, INC.

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90269 049 ****61.25

Principal Place of Business

Mailing Address

1302 EAST ROBINSON ST
ORLANDO FL 32801

1302 EAST ROBINSON ST
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3756554

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

MCGHEE, CARLA
1302 EAST ROBINSON ST
ORLANDO FL 32801

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 D ☐ Delete
NAME MCGHEE, CARLA
STREET ADDRESS 1302 EAST ROBINSON ST
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE D ☐ Delete
NAME DYSON, LAMEKA
STREET ADDRESS 8278 AUDRAIN DR
CITY-ST-ZIP ST. LOUIS MO 63121

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

TITLE DT ☐ Delete
NAME HALL, DAWN
STREET ADDRESS 2814 M.LDR
CITY-ST-ZIP PEORIA IL 61604

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

TITLE DS ☐ Delete
NAME GARNER, BRUNETTA
STREET ADDRESS 7742 SHAMROCK
CITY-ST-ZIP MILLINGTON TN 38053

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

TITLE D ☐ Delete
NAME SCOTT, KAREN E
STREET ADDRESS 2005 PEORIA ST
CITY-ST-ZIP PEORIA IL 61603

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

TITLE D ☐ Delete
NAME MCCOY, JAMES L
STREET ADDRESS 2221 N. ARDELL PLACE
CITY-ST-ZIP PEORIA IL 61614

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 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:

CARLA R. MCGHEE CARLA R. McGhee 4/12/02 321-278-7283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)