

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006829

1. Entity Name

THE LINDA A. JENNINGS FOUNDATION, INC.

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

05-07-2002 90252 025 ****61.25

Principal Place of Business

Mailing Address

TRACY L. LIMA
2751 NEW BRITTANY BLVD.
FORT MYERS FL 33907

C/O TRACY L. LIMA
12751 NEW BRITTANY BLVD.
FORT MYERS FL 33907

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

65-1140019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
NAME JENNINGS, GREGORY
STREET ADDRESS C/O 12751 NEW BRITTANY BLVD.
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

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

TITLE D
NAME JENNINGS, LINDA A
STREET ADDRESS C/O 12751 NEW BRITTANY BLVD.
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

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

TITLE D
NAME JENNINGS, GRETCHEN M
STREET ADDRESS C/O 12751 NEW BRITTANY BLVD.
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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 of Linda A. Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 941-472-3639
Date Daytime Phone #

CR2E037 (9/01)