

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90325 036 ****61.25

DOCUMENT # N01000007905

1. Entity Name

THE WEHRLE FOUNDATION, INC.

Principal Place of Business

**3360 O'BERRY RD.
 KISSIMMEE FL 34746-3903**

Mailing Address

**3360 O'BERRY RD.
 KISSIMMEE FL 34746-3903**

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

82-0540206

☒ 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

**WRIGHT, PHILIP C
 3360 O'BERRY RD.
 KISSIMMEE FL 34746-3903**

Name

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

City

FL

Zip Code

8. The above named entity is statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Philip C. WRIGHT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2002

FEE 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **WRIGHT, PHILIP C**
 CITY-ST-ZIP **3360 O'BERRY RD.
 KISSIMMEE FL 34746-3903** - Director

TITLE ☐ Change ☒ Addition
 NAME **BRAD DOZIER**
 STREET ADDRESS **1204 S.E. 7th St.**
 CITY-ST-ZIP **OCALA, FL 34471** - officer

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Shahzad Shahriarian**
 STREET ADDRESS **52 Valley Dr.**
 CITY-ST-ZIP **Salem, CT 06420**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 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 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 REQUIRED

Philip C. WRIGHT **4/26/2002 (407) 847-6652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)