

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007943

1. Entity Name

THE SENGE FOUNDATION, INC.

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90063 025 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 22925
LAKE BUENA VISTA FL 32930

POST OFFICE BOX 22925
LAKE BUENA VISTA FL 32930

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32830

4. FEI Number

59-3758928

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

RUBINO, NICHOLAS J
159 LOOKOUT PLACE
SUITE 101
MAITLAND FL 32751

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 AKENS, GENTRY
STREET ADDRESS POST OFFICE BOX 22925
CITY-ST-ZIP LAKE BUENA VISTA FL 32930

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

TITLE D ☐ Delete
NAME DEVITO, RON
STREET ADDRESS POST OFFICE BOX 22925
CITY-ST-ZIP LAKE BUENA VISTA FL 32930

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

TITLE D ☐ Delete
NAME DELLAS, JIM
STREET ADDRESS POST OFFICE BOX 22925
CITY-ST-ZIP LAKE BUENA VISTA FL 32930

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

TITLE PD ☐ Delete
NAME SENGE, CHARLES
STREET ADDRESS POST OFFICE BOX 22925
CITY-ST-ZIP LAKE BUENA VISTA FL 32930

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

TITLE VS ☐ Delete
NAME LALONE, SUZIE
STREET ADDRESS POST OFFICE BOX 22925
CITY-ST-ZIP LAKE BUENA VISTA FL 32930

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/02 407-351-2534

CR2E037 (9/01)