

FILED
Feb 07, 2003 8:00 am
Secretary of State

01-10-2003 90108 026 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N01000008035**

1. Entity Name
JO ANN AND RICHARD BEIGHTOL FOUNDATION, INC.



Principal Place of Business
**4731 BONITA BAY BLVD #302
BONITA SPRINGS FL 34134**

Mailing Address
**4731 BONITA BAY BLVD #302
BONITA SPRINGS FL 34134**

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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4481606**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**BEIGHTOL, RICHARD E
4731 BONITA BAY BLVD #302
BONITA SPRINGS FL 34134**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
D BEIGHTOL, RICHARD E
STREET ADDRESS **4731 BONITA BAY BLVD #302**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**
Treasurer and President

TITLE NAME Change Addition
Michael H BEIGHTOL
STREET ADDRESS **414 CONCORD Lane**
CITY-ST-ZIP **North Barrington, ILLINOIS 60010**
Director

TITLE NAME Delete
D BEIGHTOL, JO ANN
STREET ADDRESS **4731 BONITA BAY BLVD #302**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**
Vice President Secretary

TITLE NAME Change Addition

TITLE NAME Delete
D BEIGHTOL, SCOTT C
STREET ADDRESS **310 E BIRCH**
CITY-ST-ZIP **WHITEFISH BAY WI 53217**
Director

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: *Richard E. Beightol* **RICHARD E. BEIGHTOL** *1-7-03* **1-7-03 239 390 3964**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)