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

## DOCUMENT # N0100008713

THE JEFFREY DOUGLAS ROBERTI FOUNDATION, INC.



## **FILED** Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90179 018 \*\*\*\*61.25

SARASOTA FL 3482  2. Principal Face of Business  Suite, Apr. F. etc.  Suite, Apr. F. etc.  City & State  City FL  Zin Code  Site Address of New Registered Agent  Name  LEE, H. GREG  2014 4Th ST.  SARASOTA FL 34237  City FL  Zin Code  Site Address (P.O. Box Number is Not Acceptable)  Site Address (P.O. Box Number is Not Acceptable)  FL  Zin Code  City FL  Zin Code  Site Address (P.O. Box Number is Not Acceptable)  FL  Zin Code  The above named e-vity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and acceptable in the acceptable in the acceptable in the state of Florica in the State of Florica in the familiar with, and acceptable in the accepta					A SECTION AND A	133				
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Applied For   Not Applied Fo	City & State									
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The Above named entity submits this statement for the purpose of registered agent.  8. The Above named entity su				City & State			4. FEI Number 51-0417892 Applied For			
6. Name and Address of Current Registered Agent    T. Name and Address of New Registered Agent	Zip Country			Zip	Country		5. Certificate of Status Desired \$8.75 Additional			
LEE, H. GREG 2014 4TH ST.  SARASOTA FL 34237  City  FL  Zip Code  Make Check Payable To  Florida Department of State  City  FL  Zip Code  Make Check Payable To  Florida Department of State  City  Florida Department of State  City  Florida Department of State  City  Florida Department of Florida  City  Florida Department of State  City  Florida Department of Florida  City  Florida Department of Florida  Make Check Payable To  Florida Department of City  F		6. Name	and Address of Current	Realstered Agent	<u> </u>					red
STREET ADDRESS SARASOTA FL 34237  City FL Zip Code  City FL Zip Co		··· ··· ···			Name		7. Name and Add	iress of New Hegistered	I Agent	
City FL Zip Code  3. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent.  Signature:	LEE, H.	GREG						. <u>.                                   </u>		
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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 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: