

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90008 004 \*\*\*\*70.00

**DOCUMENT # N01000008912**

1. Entity Name

**ANDERSON-ROGERS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**914 GRADNE AVE  
 KEY LARGO FL 33037**

**914 GRADNE AVE  
 KEY LARGO FL 33037**

2. Principal Place of Business

3. Mailing Address

**914 Grande Ave**

**914 Grande Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**69-0003838**

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

**SCHMACHTENBERG, LEE C  
 1533 SUNSET DR, STE 201  
 CORAL GABLES FL 33143**

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 ☐ Delete  
 NAME **PVST**  
 STREET ADDRESS **ANDERSON POPE, SARAH**  
 CITY-ST-ZIP **914 GRADNE AVE  
 KEY LARGO FL 33037**

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **914 Grande Ave**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ANDERSON POPE, SARAH**  
 CITY-ST-ZIP **914 GRADNE AVE  
 KEY LARGO FL 33037**

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **914 Grande Ave**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ANDERSON, PORTER W JR**  
 CITY-ST-ZIP **914 GRANDE AVE  
 KEY LARGO FL 33037**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ROGERS, CHARLES H**  
 CITY-ST-ZIP **509 MONPONSETT ST  
 HALIFAX MA 02338**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 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:**

*Sarah Anderson Pope*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/02 (212) 989-9331**

Date

Daytime Phone #

CR2E037 (9/01)