

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90272 041 \*\*\*\*61.25

**DOCUMENT # N01000008912**

1. Entity Name  
**ANDERSON-ROGERS FOUNDATION, INC.**



Principal Place of Business

**914 GRANDE AVE  
KEY LARGO FL 33037  
US**

Mailing Address

**914 GRANDE AVE  
KEY LARGO FL 33037  
US**

**10022460**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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

TITLE **PSID** ☐ Delete  
NAME **ANDERSON POPE, SARAH**  
STREET ADDRESS **327 WEST 19 STREET, APT. 1**  
CITY-ST-ZIP **NEW YORK NY 10011**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: *Sarah Anderson Pope* **Sarah Anderson Pope** **2/11/03** **(212) 989-9331**

CR2E037 (10/02)