

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90253 035 \*\*\*\*70.00

**DOCUMENT # N02000000090**

1. Entity Name

**LOTUS SPRING FOUNDATION, INC.**



Principal Place of Business

**1429 60TH AVENUE WEST.. SUITE 300  
BRADENTON FL 34207**

Mailing Address

**1429 60TH AVENUE WEST.. SUITE 300  
BRADENTON FL 34207**

2. Principal Place of Business

**109B 13th Street, So.**

3. Mailing Address

**109B 13th Street, So.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BRADENTON BEACH, FL**

City & State

**BRADENTON BEACH, FL**

Zip

**34217**

Country

**USA**

Zip

**34217**

Country

**USA**

4. FEI Number

**04 3661015**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHOFIELD, ALLEN R.  
1429 60TH AVENUE WEST., SUITE 300  
BRADENTON FL 34207**

7. Name and Address of New Registered Agent

Name **GIA T WALKER**

Street Address (P.O. Box Number is Not Acceptable)

**109B 13th STREET, So.**

City

**BRADENTON BEACH, FL**

Zip Code

**34217**

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**

**70**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BICH, NGUYEN B</b>	
STREET ADDRESS	<b>6433 NORTHANNA DR</b>	
CITY-ST-ZIP	<b>SPRINGFIELD VA 22150</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, PHILIPPA B</b>	
STREET ADDRESS	<b>7706 NORSHAM LANE</b>	
CITY-ST-ZIP	<b>FALLS CHURCH-VA 22043</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, GIA T</b>	
STREET ADDRESS	<b>109B 13TH STREET</b>	
CITY-ST-ZIP	<b>SOUTH BRADENTON BEACH FL 34217</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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:

**GIA T WALKER** 19 Feb 03 (941) 779-9074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR