

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90210 015 ****61.25

DOCUMENT # NO2000000677

1. Entity Name

THE ENDANGERBLES FOUNDATION INC.



Principal Place of Business

1080 PEBBLE BGM CT 1944 TOURNAMENT DR. APOPKA FL 32712

Mailing Address

1080 PEBBLE BGM CT 1944 TOURNAMENT DR. APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0043546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DODD, WILLIAM F

1080 PEBBLE BGM CT 1944 TOURNAMENT DR. APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

MARTEN W. PICCININI

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

1080 PEBBLE BEACH CT

City

APOPKA

FL

Zip Code

32712

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

William F. Dodd

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

May 1, 03

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 ☐ Delete
NAME **DODD, WILLIAM F**
STREET ADDRESS **1080 PEBBLE BGM CT 1944 TOURNAMENT DR**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☒ Change ☐ Addition
NAME **1944 TOURNAMENT DR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PICCININI, MARTEN W** *WRONG SPELLING*
STREET ADDRESS **1080 PEBBLE BGM CT**
CITY-ST-ZIP **APOPKA FL 32712** *1944 TOURNAMENT DR*

TITLE ☒ Change ☐ Addition
NAME **PICCININI, MARTEN W**
STREET ADDRESS **1944 TOURNAMENT DR**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BRANT, ROBIN**
STREET ADDRESS **1080 PEBBLE BGM CT 1944 TOURNAMENT DR**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☒ Change ☐ Addition
NAME **1944 TOURNAMENT DR.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BENNER, MICHAEL**
STREET ADDRESS **1080 PEBBLE BGM CT 1944 TOURNAMENT DR**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☒ Change ☐ Addition
NAME **1944 TOURNAMENT DR.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1944 TOURNAMENT DR.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **1944 TOURNAMENT DR.**
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:

William F. Dodd

May 1, 03

407-614-8558

CR2E037 (10/02)