

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

FILED
Aug 08, 2003 8:00 am
Secretary of State

07-25-2003 90093 036 ****61.25

DOCUMENT # NO2000004720

1. Entity Name

MICHAEL A. TUCKER CHARITABLE FOUNDATION, INC.



Principal Place of Business

**407 N. MAPLE AVENUE
LEHIGH ACRES FL 33972**

Mailing Address

**407 N. MAPLE AVENUE
LEHIGH ACRES FL 33972**

55053641

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

36-4502661

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOYD, BARBARA

**407 N. MAPLE AVENUE
LEHIGH ACRES FL 33972**

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

Barbara Boyd

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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 ☐ Delete
NAME **D**
STREET ADDRESS **BOYD, BARBARA**
CITY-ST-ZIP **407 N. MAPLE AVENUE
LEHIGH ACRES FL 33972**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **POWE, JOHNNIE**
CITY-ST-ZIP **1413 SE 2ND TERRACE
CAPE CORAL FL 33904**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **FIDUCIA, LOUIS**
CITY-ST-ZIP **6980 BENEVA ROAD
SARASOTA FL 34238** **DECEASED**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LOUDENBACK, MAX A**
CITY-ST-ZIP **6710 WINKLER ROAD, #6
FT MYERS FL 33919**

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 **Kevin B Boyd**
STREET ADDRESS **2819 15th St SW**
CITY-ST-ZIP **Lehigh Acres, FL 33971**

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:

Barbara Boyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**239
368 6285**

CR2E037 (4/03)