


**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 # N02000004720**

1. Entity Name  
**MICHAEL A. TUCKER CHARITABLE FOUNDATION, INC.**



Principal Place of Business      Mailing Address

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

**55053641**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

**SAME**      **SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**36-4502661**

Applied For  
 Not Applicable

5. Certificate of Status Desired:  **-\$8.75 Additional -- Fee Required**

6. Name and Address of Current Registered Agent

**BOYD, BARBARA  
407 N. MAPLE AVENUE  
LEHIGH ACRES FL 33972**

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 *Barbara Boyd*

Signature, typed or printed name of registered agent and title 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BOYD, BARBARA</b>
STREET ADDRESS	<b>407 N. MAPLE AVENUE</b>
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33972</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>POWE, JOHNNIE</b>
STREET ADDRESS	<b>1413 SE 2ND TERRACE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>FIDUCIA, LOUIS</b>
STREET ADDRESS	<b>6980 BENEVA ROAD</b>
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOUDENBACK, MAX A</b>
STREET ADDRESS	<b>6710 WINKLER ROAD, #6</b>
CITY-ST-ZIP	<b>FT MYERS FL 33919</b>
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kevin B Boyd</b>
STREET ADDRESS	<b>2819 15th St SW</b>
CITY-ST-ZIP	<b>Lehigh Acres, FL 33971</b>
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	
CITY-ST-ZIP	

CR2E037 (4/03)

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 information.

SIGNATURE: *Barbara Boyd* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

**289  
362 6285**