

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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90018 034 ****61.25

DOCUMENT # N02000005586

1. Entity Name

THE ART AND PHYLLIS GRINDLE FOUNDATION, INC.



Principal Place of Business

**241 LIVE OAK LANE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**241 LIVE OAK LANE
ALTAMONTE SPRINGS FL 32714**

70000867



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0416857

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

**GRINDLE, ARTHUR B
241 LIVE OAK LANE
ALTAMONTE SPRINGS FL 32714**

Name **ARTHUR E. GRINDLE**

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

241 LIVE OAK LANE

City **ALTAMONTE SPRINGS**

FL

Zip Code

32714

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

Arthur E. Grindle

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

(NOTE: Registered Agent signature required when reinstating)

1-3-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GRINDLE, ARTHUR E**
STREET ADDRESS **241 LIVE OAK LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **GRINDLE, PHYLLIS A**
STREET ADDRESS **241 LIVE OAK LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GRINDLE, ARTHUR E JR.**
STREET ADDRESS **712 WILLOW RUN LANE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILLIAMSON, KATHRYN G**
STREET ADDRESS **830 MIAMI SPRINGS ROAD**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHIODI, GALE GRINDLE**
STREET ADDRESS **POST OFFICE BOX 160789**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32716**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LANSING, CHARLIE**
STREET ADDRESS **933 DOUGLAS AVENUE, SUITE 1**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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:

Arthur E. Grindle

REQUIRED

1-3-03 407-862-2783

CR2E037 (10/02)