

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90138 041 *****70.00

DOCUMENT # N02000006195

1. Entity Name
STRATOQUEST FOUNDATION, INC.



Principal Place of Business

**C/O SHANON FRIEDEL
1930 FAIRVIEW SHORES DR
ORLANDO FL 32804**

Mailing Address

**C/O SHANON FRIEDEL
1930 FAIRVIEW SHORES DR
ORLANDO FL 32804**

2. Principal Place of Business

1930 FAIRVIEW SHORES DR

3. Mailing Address

1930 FAIRVIEW SHORES DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

32-0029761

☒ Applied For

☐ Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRSCHENBAUM, JACK A
1800 W HIBISCUS BLVD., STE 138
MELBOURNE FL 32901**

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

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

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 **PD** ☐ Delete
NAME **FRIEDEL, SHANON**
STREET ADDRESS **1930 FAIRVIEW SHORES DR**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VD** ☐ Delete
NAME **JONES, DAVID**
STREET ADDRESS **109 E CHURCH ST, 5TH FL**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **SD** ☒ Delete
NAME **MCGILLAN, CATHERINE**
STREET ADDRESS **314 ELM ST**
CITY-ST-ZIP **ALLISON IA 50602**

TITLE **D** ☐ Delete
NAME **KIRSCHENBAUM, JACK A**
STREET ADDRESS **1800 W HIBISCUS BLVD, STE 138**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete
NAME **MITCHELL, JOE**
STREET ADDRESS **109 E CHURCH ST, 5TH FL**
CITY-ST-ZIP **ORLANDO FL 32901**

TITLE **D** ☒ Delete
NAME **ACKERMAN, MARK**
STREET ADDRESS **314 ELM ST**
CITY-ST-ZIP **ALLISON IA 50602**

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
STREET ADDRESS
CITY-ST-ZIP

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: *Shanon Marie Friedel* **4-15-03 407822.8953**

CR2E037 (10/02)