

FILED
Mar 11, 2003 8:00 am
Secretary of State

02-04-2003 90130 038 ****61.25

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

2/4

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DOCUMENT # N02000006639

1. Entity Name

THE VORST FAMILY FOUNDATION, INC.



55015641

Principal Place of Business

4773 CALATRAVA COURT
DESTIN FL 32541

Mailing Address

4773 CALATRAVA COURT
DESTIN FL 32541

2. Principal Place of Business

3039 THE OAKS

Suite, Apt. #, etc.

3. Mailing Address

3039 THE OAKS

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

SANDESTIN, FL

City & State

SANDESTIN, FLORIDA

4. FEI Number

55-0806856

Applied For

Not Applicable

Zip

32550

Country

WALTON

Zip

32550

Country

WALTON

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VORST, MICHAEL J

4773 CALATRAVA COURT
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

MICHAEL J VORST

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

3039 THE OAKS

City

SANDESTIN

FL

Zip Code

32550

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

Michael J Vorst

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

(NOTE: Registered Agent signature required when resigning)

1/30/03

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

TITLE PRESIDENT
NAME MICHAEL J VORST
STREET ADDRESS 3039 THE OAKS
CITY-ST-ZIP DESTIN, FL 32550 ☐ Delete

TITLE VICE-PRESIDENT
NAME BONITA S. VORST
STREET ADDRESS 3039 THE OAKS
CITY-ST-ZIP DESTIN, FL 32550 ☐ Delete

TITLE SECRETARIES
NAME REBECCA VORST
STREET ADDRESS 22003 RUSTIC SHORES
CITY-ST-ZIP KATY, TX 77450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE *Michael J Vorst*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03

DATE

850-622-3727

Daytime Phone

CRZE037 (10/02)