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

FILED

03 NOV 18 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name: N02000006699
The Food for Thought Foundation Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

2. Principal Place of Business	3. Mailing Address
1312 Nylic St.	1312 Nylic St.
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32304 Country: US	Zip: 32304 Country: US

DO NOT WRITE IN THIS SPACE
08/22/03 90107 048 $61.25

4. FEI Number: 56-2290235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SIMON LEWIS

Street Address (P.O. Box Number is Not Acceptable): 1312 NYLIC ST ~~SUITE A~~

~~TALLAHASSEE~~ FL SUITE A

City: TALLAHASSEE FL Zip Code: 32304

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: x [signature] SIMON LEWIS 11.18.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	TITLE	
NAME	Barbara Bose	NAME	
STREET ADDRESS	1312 Nylic St.	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee FL 32304	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Simon Lewis	NAME	
STREET ADDRESS	1312 Nylic St.	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee FL 32304	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Barbara Bose	NAME	
STREET ADDRESS	1312 Nylic St.	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee FL 32304	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	Treasurer	TITLE	
NAME	Barbara Bose	NAME	**IN THIS SPACE**
STREET ADDRESS	1312 Nylic St.	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee FL 32304	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	11/18
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Bose 11.18.03 786-282-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #