

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90042 008 ****61.25

DOCUMENT # N02000008540

1. Entity Name

THE ANGIE BOOTH FRIENDSHIP FUND, INC.



Principal Place of Business

**5361 NE 6TH CT
OCALA FL 34479**

Mailing Address

**5361 NE 6TH CT
OCALA FL 34479**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1435272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOOTH, ROBIN A
5361 NE 6TH CT
OCALA FL 34479**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **BOOTH, WILLIAM D**
STREET ADDRESS **5361 NE 6TH CT**
CITY-ST-ZIP **OCALA FL 34479**

TITLE ☐ Change ☐ Addition
NAME **CO-CD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BOOTH, ROBIN A**
STREET ADDRESS **5361 NE 6TH CT**
CITY-ST-ZIP **OCALA FL 34479**

TITLE ☐ Change ☐ Addition
NAME **CO-CD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CUPP, MELISSA**
STREET ADDRESS **5424 ROACHESTER OSCEOLA RD**
CITY-ST-ZIP **MORROW OH 45152**

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

TITLE ☐ Delete
NAME **ENNIS, JULIE**
STREET ADDRESS **2107 SE 13TH ST**
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE ☐ Delete
NAME **KEGLOR, R. ELIZABETH**
STREET ADDRESS **10111 SE 144TH PLACE**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

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

TITLE ☐ Delete
NAME **LEIST, VICKI**
STREET ADDRESS **4200 SE 60TH ST**
CITY-ST-ZIP **OCALA FL 34480**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

352-622-6014

CR2E037 (10/02)