2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009407

1. Entity Name
PETER AND JOYCE UDDO FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
5008 HARBORTOWN LN FT MYERS, FL 33919	5008 HARBORTOWN LN FT MYERS, FL 33919

03022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3727366
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRAUSS, JEROME M ESQ.
9130 GALLERIA CT STE 301
NAPLES, FL 34109

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	UDDO, PETER J
STREET ADDRESS	5008 HARBORTOWN LANE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	UDDO, JOYCE A
STREET ADDRESS	3 CEDAR LANE
CITY-ST-ZIP	MENDHAM, NJ 07945
TITLE	D
NAME	UDDO, P
STREET ADDRESS	70 WEST 64TH ST APT 15D
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	D
NAME	UDDO, JEFFREY
STREET ADDRESS	4 POSH CT
CITY-ST-ZIP	NEWFOUNDLAND, NJ 07435
TITLE	D
NAME	UDDO, DIANA
STREET ADDRESS	32 WEST 40TH APT 9F
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000501429
04/25/06-80063-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Member 4-6-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #