


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90055 025 \*\*\*\*61.25

|  |  |   |
|--|--|---|
| DOCUMENT # N02000009407  |  |  |
| 1. Entity Name<br>PETER AND JOYCE UDDO FAMILY FOUNDATION, INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>5008 HARBORTOWN LN<br>FT MYERS, FL 33919 | Mailing Address<br>5008 HARBORTOWN LN<br>FT MYERS, FL 33919 |
|---|---|

**40068302**



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

04062008 Chg-NP CR2E037 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>04-3727366 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent                        |  | 7. Name and Address of New Registered Agent                                       |  |
| STRAUSS, JEROME M ESQ.<br>9130 GALLERIA CT STE 301<br>NAPLES, FL 34109 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>UDDO, PETER J<br>5008 HARBORTOWN LANE<br>FORT MYERS, FL 33919 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>UDDO, JOYCE A<br>3 CEDAR LANE<br>MENDHAM, NJ 07945            | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>UDDO, P<br>3 CEDAR LANE<br>MENDHAM, NJ 07945                  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>UDDO, JEFFERY<br>3 CEDAR LANE<br>MENDHAM, NJ 07945            | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>UDDO, DIANA<br>812 WASHINGTON ST #4<br>HOBOKEN, NJ 07030      | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-08