

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90034 041 \*\*\*\*69.00

**DOCUMENT # N06000008687**

1. Entity Name  
**UNKA GRIZZ FOUNDATION INC.**



Principal Place of Business  
**2362 ALCLOBE CIRCLE  
OCOE, FL 34761 US**

Mailing Address  
**2362 ALCLOBE CIRCLE  
OCOE, FL 34761 US**

40032100



**DO NOT WRITE IN THIS SPACE**

03072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**56-2648412**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BIZUB, CAROL A  
2362 ALCLOBE CIRCLE  
OCOE, FL 34761**

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IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BIZUB, JEAN P  
1414 SWEDE HILL RD  
GREENSBURG, PA 15601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS  
BIZUB, CAROL  
2362 ALCLOBE CIRCLE  
OCOE, FL 34761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BIZUB, BARBARA J  
1414 SWEDE HILL RD  
GREENSBURG, PA 15601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Carol Bizub* **CAROL BIZUB**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/14/08 407-736-2795**