200	0 UNIFO	RM BUS	INES	S REPC	PRT (I	JBR)		FILE	n			
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N08484							Jan 11, 2000 08:00 AM					
1. Entity Name UPLEDGER FOUNDATION, INC.							Se	cretary (of Sta	ate		
	KFOUNDATION	, me.						v				
	ce of Business		Mailing A									
11211 PROSPER D-325	ITY FARMS RD		11211 PROSF D-325	PERITY FARMS RO.	AD							
PALM BEACH O 33410	GARDENS US	FL	PALM BEAC 33410	H GARDENS	US	FL						
55410			55416		05							
2. Principal F 11211 PROSPER	Place of Business			J Address Perity farms ro.	AD							
SUITE D-325 SUITE D-325				, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State PALM BEACH GARDENS FL			City & State PALM BEACH GARDENS			FL	4. FEI Number Applied For 59-2551433 Not Applicable					
Zip 33410	Co	untry	Zip 33410		Country us	7	5. Certificate	of Status Desired		\$8.75 Adu Fee Require	ditional	
6. Name and Address of Current Registered Agent							7. Name and	Address of New F	legistered	d Agent		
PODESTA CARI AP.A. 11382 PROSPERITY FARMS RD						Name Street Address (P.O. Box Number is Not Acceptable)						
STE 227												
PALM BEACH GARDENS FL 33410 US						· · ·						
	•					ity			F	L Zip Cod	le	
8. The above	e named entity submi	ts this statement for	r the purpose	e of changing its	registered o	ffice or registe	ered agent, or bo	th, in the state of Flo	orida.	R		
										1		
SIGNATURE									01/1	1/2000		
	Signature, typed or printed											
		name ol registered agent a	and title if applical	tle. (NOT	E Registered Age	int signature require	id when reinstating)		DATE			
ې ور اکنونو واچ د دا د استو استو استو استو استو استو		name of registored agont a	2								 A. M. Harrison 	
	FILE NOW: FEE IS \$61.2		9. Ele	ection Campaigr	Financing	\$5.(d when reinstating)		e Check	Payable to	 A. M. Harrison 	
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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 cath; 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.