

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08484

1. Entity Name

UPLEDGER FOUNDATION, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90209 034 \*\*\*\*61.25

755387



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11211 PROSPERITY FARMS RD  
SUITE D-325  
PALM BEACH GARDENS FL 33410  
US

11211 PROSPERITY FARMS ROAD  
SUITE D-325  
PALM BEACH GARDENS FL 33410  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2551433

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PODESTA, CARI A P.A.  
11382 PROSPERITY FARMS RD  
STE 227  
PALM BEACH GARDENS FL 33410

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME UPLEDGER, JOHN E  
STREET ADDRESS 11211 PROSPERITY FARMS RD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE D ☐ Change ☒ Addition  
NAME UPLEDGER, JOHN M  
STREET ADDRESS 11211 PROSPERITY FARMS RD.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME LYNCH, BOB  
STREET ADDRESS 14046 HARBOR LANE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE D ☐ Change ☒ Addition  
NAME AMSLER, KENNETH  
STREET ADDRESS 3318 PINE HILL TRAIL  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE DST ☐ Delete  
NAME WILKINSON, JOHN  
STREET ADDRESS SOUTH COLLEGE, 1760 N CONGRESS AVE  
CITY-ST-ZIP W PALM BEACH FL 33409

TITLE D ☐ Change ☐ Addition  
NAME SABLE, WILLIAM  
STREET ADDRESS 11211 PROSPERITY FARMS RD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE D ☐ Delete  
NAME COLLISTER, B J  
STREET ADDRESS SOUTH COLLEGE, 1760 N. CONGRESS AVE  
CITY-ST-ZIP W. PALM BEACH FL 33409

TITLE D ☐ Change ☐ Addition  
NAME LAWRENSEN, NANETTE  
STREET ADDRESS 246 EAGLETON LAKES BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☒ Delete  
NAME LAWRENSEN, NANETTE  
STREET ADDRESS 246 EAGLETON LAKES BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE D ☐ Change ☐ Addition  
NAME LAWRENSEN, NANETTE  
STREET ADDRESS 246 EAGLETON LAKES BLVD  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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 employed.

SIGNATURE:

SIGNATURE REQUIRED

4/26/01

(561)622-4334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)