

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90188 005 \*\*\*\*61.25

0036648

**DOCUMENT # N08484**

1. Entity Name

**UPLEDGER FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-2551433**

Applied For

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

**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. 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

**FILE NOW: FEE IS \$61.25**

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

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

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

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **RUTH M. SMITH**  
STREET ADDRESS **118 KNIPP COURT**  
CITY-ST-ZIP **HOUSTON, TX 77024**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**3/27/03**

**361-622-4334**

CR2E037 (10/02)