

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08669

1. Entity Name

PEACELETTER FOUNDATION, INC.

Principal Place of Business

4018 NW 6TH ST  
STE 1  
GAINESVILLE FL 32609  
US

Mailing Address

P.O. BOX 5415  
GAINESVILLE FL 32627  
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

59-2717089

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

ROSE, MICHAEL  
1717 SW 63RD AVE  
GAINESVILLE FL 32608

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  
After September 12, 2001, min. will be \$236.25

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

TITLE: D  
NAME: ROSE, MICHAEL  
STREET ADDRESS: P. O. BOX 5127 N/A  
CITY-ST-ZIP: GAINESVILLE FL 32627

☐ Delete

TITLE: TD  
NAME: ROSE, JEANNIE  
STREET ADDRESS: 4108 ALPINE DR.  
CITY-ST-ZIP: GAINESVILLE FL

☐ Delete

TITLE: PD  
NAME: THOMPSON, FLOYD  
STREET ADDRESS: RTE 1 BOX 322-7  
CITY-ST-ZIP: MICANOPY FL

☐ Delete

TITLE: VD  
NAME: THOMPSON, LLOYD  
STREET ADDRESS: P O BOX 3410 N/A  
CITY-ST-ZIP: BOONE NC

☐ Delete

TITLE: VD  
NAME: GOLDSTEIN, JOEL  
STREET ADDRESS: 22 WEST END  
CITY-ST-ZIP: HILLSDALE NY 12528

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

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

Sept 11, 2000 352-336-5003

FILED

01 OCT 19 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

X

CR02037 (5/01)

4