

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

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90115 037 ****61.25

DOCUMENT # *N14615*

1. Entity Name

BOOK OF BOOKS FOUNDATION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

BOYNTON BEACH

3. Mailing Address

5233 ROSEN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5233 ROSEN BLVD

City & State

City & State

BOYNTON Bch, FLA

BOYNTON Bch, FLA.

Zip

Country

Zip

Country

33437

U.S.A

33437

U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *FRED CARLSON SR.*

Street Address (P.O. Box Number is Not Acceptable)

5233 ROSEN BLVD.

City

BOYNTON Bch.

FL

Zip Code

33437

**DO NOT WRITE
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 *DIRECTOR - REGISTERED AGENT*
NAME *FRED CARLSON SR.*
STREET ADDRESS *5233 ROSEN BLVD.*
CITY-ST-ZIP *BOYNTON Bch, FLA, 33437*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *DIRECTOR*
NAME *FRED CARLSON JR*
STREET ADDRESS *6809 WHITE OAK DR.*
CITY-ST-ZIP *PENSACOLA, FL. 32503*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *DIRECTOR*
NAME *TODD VANRYAN*
STREET ADDRESS *WAUSAU, WISCONSIN*
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *FRED CARLSON SR. Fred Carlson Sr. 4-3-02 561-735-0017*

CR2E037B (12/01)