

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90370 029 ****61.25

DOCUMENT # N16361

1. Entity Name

PEGGY AND PHILIP CROSBY FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1927
 WINTER PARK FL 32790-927
 US

POST OFFICE BOX 1927
 WINTER PARK FL 32790
 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

59-2714846

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

CROSBY, PHILIP B.
164 PALMER AVE
WINTER PARK FL 32789

Name

Peggy D. Crosby

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

164 Palmer Ave.

City

Winter Park

FL

Zip Code

32789

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

Peggy D. Crosby, Pres. Treas. Director

7/3/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CROSBY, PHILIP B.	
STREET ADDRESS	164 PALMER AVE	<i>deceased</i>
CITY-ST-ZIP	WINTER PARK FL 32790	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CROSBY, PEGGY D.	
STREET ADDRESS	164 PALMER AVE	
CITY-ST-ZIP	WINTER PARK FL 32790	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, PHYLLIS CROSBY	
STREET ADDRESS	1623 MCKELVEY RD	
CITY-ST-ZIP	GREENBACK TN 33742	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, NICHOLAS	
STREET ADDRESS	1623 MCKELVEY RD	
CITY-ST-ZIP	GREENBACK TN 37742	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1861 McKelvey Rd.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1861 McKelvey Rd.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Peggy D. Crosby

7/3/02 407629-5945

CR2E037 (4/02)