

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17116

1. Entity Name

THE KIMBALL FOUNDATION, INC.

Principal Place of Business

13330 W. COLONIAL DR.
#130
WINTER GARDEN FL 34787
US

Mailing Address

P. O. BOX 770768
WINTER GARDEN FL 34777-0768
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

59-2726071

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

SANDERS, JOHN A.
111 N. ORANGE AVENUE
P.O. BOX 2193
ORLANDO FL 32802-2193

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 D ☐ Delete
NAME KIMBALL, CARLA E
STREET ADDRESS 17 HURD RD
CITY-ST-ZIP BELMONT MA 02178

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

TITLE CD ☐ Delete
NAME LITTLE, HARRIET L.
STREET ADDRESS 200 ST. ANDREWS BLVD., UNIT 1703
CITY-ST-ZIP WINTER PARK FL

TITLE TD ☒ Change ☐ Addition
NAME LITTLE, HARRIET L.
STREET ADDRESS 200 ST ANDREWS BLVD., UNIT 1703
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE VPD ☐ Delete
NAME BROCKMAN, CHRIS
STREET ADDRESS 2 S ORANGE AVE
CITY-ST-ZIP ORLANDO FL

TITLE VPD ☒ Change ☐ Addition
NAME BROCKMAN, CHRIS
STREET ADDRESS 200 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE S ☐ Delete
NAME RYER, RUTH
STREET ADDRESS 159 W. 53RD ST APT. 26B
CITY-ST-ZIP NEW YORK NY

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

TITLE D ☐ Delete
NAME KIMBALL, EDWARD J.
STREET ADDRESS RT 4, BOX 1895
CITY-ST-ZIP WEST LEBANON NH

TITLE D ☒ Change ☐ Addition
NAME KIMBALL, EDWARD J.
STREET ADDRESS 10 GILSON ROAD
CITY-ST-ZIP WEST LEBANON, NH 03784

TITLE P ☐ Delete
NAME QUAIL, BRIAN T.
STREET ADDRESS 1751 GRACE HOPPER AVE
CITY-ST-ZIP ORLANDO FL 32814

TITLE CBD ☒ Change ☐ Addition
NAME QUAIL, BRIAN T.
STREET ADDRESS 1940 TRAYLOR BLVD
CITY-ST-ZIP ORLANDO, FL 32804

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jo Ann Lacey, ASST SEC/ASST. TREAS

4/28/00

(407) 877-0505

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE