

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90082 041 \*\*\*\*70.00

**DOCUMENT # N17116**

1. Entity Name

**THE KIMBALL FOUNDATION, INC.**

Principal Place of Business

**13340 W COLONIAL DR  
 250  
 WINTER GARDEN FL 34787  
 US**

Mailing Address

**P. O. BOX 783064  
 WINTER GARDEN FL 34778  
 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 ☐ Delete  
 NAME **D KIMBALL, CARLA E**  
 STREET ADDRESS **17 HURD RD**  
 CITY-ST-ZIP **BELMONT MA 02178**

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

TITLE ☐ Delete  
 NAME **VPD LITTLE, HARRIET L.**  
 STREET ADDRESS **200 ST. ANDREWS BLVD., UNIT 1703**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE ☐ Delete  
 NAME **PD BROCKMAN, CHRIS**  
 STREET ADDRESS **200 SOUTH ORANGE AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE ☐ Delete  
 NAME **S 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 ☐ Delete  
 NAME **D KIMBALL, EDWARD J.**  
 STREET ADDRESS **10 GILSON ROAD**  
 CITY-ST-ZIP **WEST LEBANON NH 03784**

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

TITLE ☐ Delete  
 NAME **TD QUAIL, BRIAN T.**  
 STREET ADDRESS **1940 TRAYLOR BLVD.**  
 CITY-ST-ZIP **ORLANDO FL 32804**

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:

**JOAN LACEY**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/02**

Date

Daytime Phone #

CR2E037 (9/01)