

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17908

1. Entity Name

SPEN FAMILY FOUNDATION, INC.

Principal Place of Business

46 N. WASHINGTON BLVD
#27
SARASOTA FL 34236

Mailing Address

46 N. WASHINGTON BLVD
#27
SARASOTA FL 34236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BROWNING, GEORGE, III
46 N. WASHINGTON BLVD., #27
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME RODEHEFFER, MADELEINE S
STREET ADDRESS 10530 SE 250TH PL, #J105
CITY-ST-ZIP KENT WA 98031

TITLE VD ☐ Delete
NAME GOLDBERG, PAUL
STREET ADDRESS 6813 MAURLEEN RD
CITY-ST-ZIP BALTIMORE MD 21209

TITLE SD ☐ Delete
NAME BARNUM, SAMUEL
STREET ADDRESS 3087 ASCOT CT
CITY-ST-ZIP ATLANTA GA 30341

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11215 SE 284TH ST.
CITY-ST-ZIP

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

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

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

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

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: *Madeleine S Rodeheffer*
MADELEINE S RODEHEFFER

4-13-01 253-520-6897

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0075970

CR2E037 (10/00)