

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27526

1. Entity Name

THE JOHN R. & MATILDE F. LINDERS FOUNDATION, INC

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90082 014 ****61.25

Principal Place of Business

Mailing Address

3601 SOMERVILLE DR
SARASOTA FL 34232
US

P.O. BOX 18474
SARASOTA FL 34276-1474
US

2. Principal Place of Business

119 F CORPORATION WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

4. FEI Number

65-0136032

Applied For

Not Applicable

Zip

34292

Country

SARASOTA

Zip

Country

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

SEITL, WAYNE F.
240 N WASHINGTON BLVD STE 500
SARASOTA FL 34236

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 S** ☐ Delete
NAME **FANCHER, DAVID E.**
STREET ADDRESS **6601 MANGO CIRCLE**
CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DANA KATHRYN THOMPSON**
STREET ADDRESS **3821 STONEY CREEK ROAD**
CITY-ST-ZIP **CHAPEL HILL, N.C. 27514**

TITLE **P D** ☐ Delete
NAME **VOGELE, JEAN J**
STREET ADDRESS **4957 CROSS CREEK RD**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DIRECTOR/TREASURER** ☐ Change ☒ Addition
NAME **PHILIP E. LEONE**
STREET ADDRESS **6209 CYPRESS BEND CT.**
CITY-ST-ZIP **UNIVERSITY PARK, FL 34201**

TITLE **D** ☐ Delete
NAME **HOLMSTEDT, PETER ALFRED**
STREET ADDRESS **4 BAY BERRY LANE**
CITY-ST-ZIP **STONE BROOK NY 11790**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: JEAN J. VOGELLE 4-24-00 941-923-4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E037 (9/99)