

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90151 038 \*\*\*\*61.25

**DOCUMENT # N27526**

1. Entity Name

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

Principal Place of Business

119 F CORPORATION WAY  
 VENICE FL 34292  
 US

Mailing Address

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

**80045100**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0136032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **VOGELE, JEAN J**

Street Address (P.O. Box Number is Not Acceptable)  
**4957 Cross Creek Rd**

City **Sarasota**

FL

Zip Code **34231**

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 **JEAN J. VOGELE**  
**JEAN J. VOGELE, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**4-25-01**

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

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

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

TITLE **D** ☐ Delete  
 NAME **THOMPSON, DANA K**  
 STREET ADDRESS **3821 STONEY CREEK RD**  
 CITY-ST-ZIP **CHAPEL HILL NC 27514**

TITLE **DT** ☐ Delete  
 NAME **LEONE, PHILIP E**  
 STREET ADDRESS **6209 CYPRESS BEND CT**  
 CITY-ST-ZIP **UNIVERSITY PARK FL 34201**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Change ☐ Addition  
 NAME **FANCHER, DAVID E.**  
 STREET ADDRESS **7433 CURTISS AVE.**  
 CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **VOGELE, JEAN J.**  
 STREET ADDRESS **4957 CROSS CREEK RD.**  
 CITY-ST-ZIP **SARASOTA, FL 34231**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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: **JEAN J. VOGELE**  
**JEAN J. VOGELE, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-01**

Date

Daytime Phone #

**941-923-482**

0077017