

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91632 038 ****61.25

DOCUMENT # N27526

1. Entity Name

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

Principal Place of Business

Mailing Address

**119 F CORPORATION WAY
 VENICE FL 34292
 US**

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

65-0136032

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

**VOGELE, JEAN J
 4957 CROSS CREEK ROAD
 SARASOTA FL 34231**

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 **FANCHER, DAVID E.**
 STREET ADDRESS **7433 CURTISS AVE**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ~~DS~~ ☐ Change ☐ Addition
 NAME ~~KEVIN M. THOMPSON~~
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **DS** ☐ Change ☒ Addition
 NAME **KEVIN M. THOMPSON**
 STREET ADDRESS **113 SEBRING CIRCLE**
 CITY-ST-ZIP **KEHIG, FL 33972**

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: **JEAN J. VOGELLE, PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2002 941-923-4823
 Date Daytime Phone #

CR2E037 (9/01)