

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N35532

FILED  
Feb 28, 2002 8:00 AM  
Secretary of State

Entity Name: CHARLES A. FRUEAUFF FOUNDATION, INC.

## Current Principal Place of Business:

900 S. SHACKLEFORD RD., #300  
LITTLE ROCK, AR

## New Principal Place of Business:

900 S. SHACKLEFORD RD., #300  
LITTLE ROCK, AR 72211

## Current Mailing Address:

900 S. SHACKLEFORD RD., #300  
LITTLE ROCK, AR

## New Mailing Address:

900 S. SHACKLEFORD RD., #300  
LITTLE ROCK, AR 72211

FEI Number: 11-5605371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCULLY, A.C.  
730 LIVE OAK PLANTATION ROAD  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FANNING, KARL P.  
Address: 790 BOGUE ST.  
City-St-Zip: FAIRPLAY, CO 80440

Title: T ( ) Delete  
Name: FRUEAUFF, SUE, M.  
Address: 3101 MISTY LANE  
City-St-Zip: LITTLE ROCK, AR 72227

Title: DV ( ) Delete  
Name: FALLON, JAMES P.,  
Address: 39 LAWRENCE FARMS CRSWWY  
City-St-Zip: CHAPPAQUA, NY

Title: TDV ( ) Delete  
Name: KLEIN, CHARLES T.,  
Address: 56344 VULTURE MINE RD  
City-St-Zip: WICKENBURG, AZ 85358

Title: PD ( ) Delete  
Name: FRUEAUFF, DAVID A.,  
Address: 1711 WELLINGTON WOODS DRIVE  
City-St-Zip: LITTLE ROCK, AR 72211

Title: DC ( ) Delete  
Name: MCCULLY, A. C  
Address: 730 LIVE OAK PLANTATION ROAD  
City-St-Zip: TALLAHASSEE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. FRUEAUFF

PD

02/28/2002

Electronic Signature of Signing Officer or Director

Date