

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N40979

1. Entity Name

THE ULLMANN FAMILY FOUNDATION, INC.



Principal Place of Business

P.O. BOX 9240
INCLINE VILLAGE NV 89452
US

Mailing Address

P.O. BOX 9240
INCLINE VILLAGE NV 89452
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

4. FEI Number

65-0252674

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME ULLMANN, LEONARD P
STREET ADDRESS 119 ABBEY PEAK LN
CITY-ST-ZIP INCLINE VILLAGE NE 89452

TITLE DST ☐ Delete
NAME ULLMANN, WENDY
STREET ADDRESS 119 ABBEY PEAK LN
CITY-ST-ZIP INCLINE VILLAGE NE 89452

TITLE DV ☐ Delete
NAME ULLMANN, MIKE
STREET ADDRESS P.O. BOX 585
CITY-ST-ZIP OAKLAND IL 61983

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 000000822780
CITY-ST-ZIP 02/20/08-80011-008 61.25

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

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

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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 exemptions contained in Section 119, 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:

Leonard P. Ullmann, President

Jan. 7, 2008 (775) 8317618