

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90012 022 ****61.25

DOCUMENT # N41673

1. Entry Name

TRIPLETT-DRESNER FAMILY FOUNDATION, INC.

Principal Place of Business

**9083 86TH CT. NORTH
 SEMINOLE FL 34647**

Mailing Address

**9083 86TH CT NORTH
 SEMINOLE FL 34647
 US**

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

65-6031402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BUCKEL, ROBERT M ESQ
 PORTER WRIGHT MORRIS & ARTHUR
 5801 PELICAN BAY BLVD SUITE 300
 NAPLES FL 34108-2709**

7. Name and Address of New Registered Agent

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

TITLE **PTD** ☐ Delete
 NAME **TRIPLETT, RICK**
 STREET ADDRESS **9083 86TH COURT NORTH**
 CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **VSD** ☐ Delete
 NAME **GIFFORD, CHERYL**
 STREET ADDRESS **2650 COUNTY BARN ROAD**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☐ Delete
 NAME **ALWEIS, ELLEN C.**
 STREET ADDRESS **3024 MACONA LANE**
 CITY-ST-ZIP **BILLINGS MT 59102**

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02 941-593-2900

Date

Daytime Phone #

CR2E037 (9/01)