

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43472

1. Entity Name

GEORGE C. FORSYTHE FAMILY FOUNDATION, INC.

Principal Place of Business

2520 WEST SHELL POINT
TAMPA FL 33611
US

Mailing Address

P.O. BOX 1869
LAKELAND FL 33802
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1076

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33802-1076

Country

Polk

4. FEI Number

59-3087638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORSYTHE, GEORGE R.
2520 WEST SHELL POINT
TAMPA, FL 33611

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 DP ☐ Delete
NAME FORSYTHE, DOROTHY S.
STREET ADDRESS 3929 OLD HWY. 37
CITY-ST-ZIP LAKELAND FL

TITLE DST ☐ Delete
NAME FORSYTHE, GEORGE R
STREET ADDRESS 2520 WEST SHELL POINT
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☐ Delete
NAME JONES, JANICE TEDDER
STREET ADDRESS 103 S. FLORIDA AVENUE
CITY-ST-ZIP LAKELAND FL

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
STREET ADDRESS 811 E. Main Street
CITY-ST-ZIP Lakeland, FL 33801

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

TITLE ☐ Change ☐ Addition
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:

Janice Tedder Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2002

Date

863-683-6783

Daytime Phone #

CR2E037 (9/01)