

2002 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91753 030 \*\*\*\*61.25

DOCUMENT # N44569

1. Entity Name  
KAREN WERNISING BAYER + DAVID A  
BAYER FOUNDATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7417 BAY COLONY DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

4. FEI Number

65-0348696

Applied For

Not Applicable

Zip

Country

34108-7517

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

KAREN W. BAYER

Street Address (P.O. Box Number is Not Acceptable)

7417 BAY COLONY DR

City

NAPLES

FL

Zip Code

34108

DO NOT WRITE  
IN THIS SPACE

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

*Karen W. Bayer*

KAREN W. BAYER, REG. AG.

5-10-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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	NAME	STREET ADDRESS	CITY-ST-ZIP
DIRECTOR-TREAS	Karen W. Bayer	7417 Bay Colony Dr.	Naples, FL 34108
DIRECTOR-PRES	David A Bayer	7417 Bay Colony Dr.	Naples, FL 34108
DIRECTOR-SECY	Robert L. Proost	7 Bellerive Country Club	St Louis, MO 63141
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert L. Proost*

5-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)