

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N46313**

1. Entity Name

ROAN-DEPREE FOUNDATION, INC.

Principal Place of Business

**4211 S SHADE AVE
SARASOTA FL 34231
US**

Mailing Address

**PO BOX 19947
SARASOTA FL 34276
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0308152

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEPREE, ROBERT W.
4211 SOUTH SHADE AVE.
SARASOTA FL 34231**

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. 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 reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DEPREE, ROBERT W.	4211 SOUTH SHADE AVE.	SARASOTA FL	<input type="checkbox"/>

SD	DEPREE, PATRICIA A.	4211 SOUTH SHADE AVE.	SARASOTA FL	<input type="checkbox"/>
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TD	CONNELL, WILLIAM E.	4522 SELMA STREET	SARASOTA FL	<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



9/4/2002 941-924-2050

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90027 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)