## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 12, 2003 8:00 am secretary of State **DOCUMENT # N46313** 1. Entity Name 05-12-2003 90204 048 \*\*\*\*61.25 ROAN-DEPREE FOUNDATION, INC. Mailing Address Principal Place of Business PO BOX 19947 4211 S SHADE AVE SARASOTA FL 34276 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address P.O. BOX Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0308152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEPREE, ROBERT W. 4211 SOUTH SHADE AVE. SARASOTA FL 34231 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 nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE DEPREE, ROBERT W. NAME NAME STREET ADDRESS STREET ADDRESS 4211-30UTH SHADE AVE. CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE DEPREE, PATRICIA A. NAME NAME STREET ADDRESS 4241-SOUTH SHADE AVE... STREET ADDRESS CITY-ST-7IP SARASOTA FL CITY-ST-7IP TITLE . Delete TITLE CONNELL, WILLIAM E. NAME NAME STREET ADDRESS 4522 SELMA STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: