

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46549

1. Entity Name

VITAL SUPPORT CHARITABLE FOUNDATION, INC.

Principal Place of Business

711 W. HARVARD ST
ORLANDO FL 32804

Mailing Address

711 W. HARVARD ST
ORLANDO FL 32804

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

59-3097007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, WILLIAM A.
250 PARK AVE SOUTH
6TH FLOOR
WINTER PARK FL 32789

Name STEVEN G. BISSINGER

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

711 W. HARVARD ST

City ORLANDO

FL

Zip Code 32804

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KENNEDY, WILLIAM P.
STREET ADDRESS 711 W. HARVARD ST
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE VD
NAME KENNEDY, BEVERLY B.
STREET ADDRESS 711 W. HARVARD ST
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE SD
NAME WALKER, WILLIAM A. II
STREET ADDRESS 250 PARK AVE. SOUTH
CITY-ST-ZIP WINTER PARK FL ☒ Delete

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

TITLE TD
NAME BISSINGER, STEVEN G.
STREET ADDRESS 711 W. HARVARD ST
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

STEVEN G. BISSINGER 5/4/01 407-422-5831

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90236 007 ****61.25

766444



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)