2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # N46828 1. Entity Name FITT FOUNDATION, INC. 01-26-2001 90139 041 ****61.25 Principal Place of Business Mailing Address FORT FITT FORT FITT 6208 RIVERVIEW BLVD. WEST 6208 RIVERVIEW BLVD. WEST UUUU871A. **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FITT, CHARLES 6208 RIVERVIEW BLVD W **BRADENTON FL 34209** Zip Code FL 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. 13 JANO/ CHARLES SIGNATURE ad agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition Change FITT, CHARLES B NAME NAME STREET ADDRESS 6208 RIVERVIEW BLVD W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDENTON FL** TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME FITT. LORETTA NAME STREET ADDRESS 6208 RIVERVIEW BLVD W. STREET ADDRESS CITY-ST-ZIP BRANDENTON FL CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change ☐ Addition NAME DMUCHOWSKI, ANNE FITT NAME STREET ADDRESS 6208 RIVERVIEW BLVD W STREET ADDRESS CITY-ST-ZIP **BRANDENTON FL** CITY-ST-ZIP D ☐ Delete TITLE ☐ Change ☐ Addition NAME FITT, WALTER B NAME STREET ADDRESS 6212 RIVERVIEW BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDENTON FL** ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: