

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90208 048 *****61.25

DOCUMENT # N49926

1. Entity Name

STEPPING STONE FOUNDATION, INC.

Principal Place of Business

515 N ORANGE BLOSSOM TR
 ORLANDO FL 32805
 US

Mailing Address

515 N ORANGE BLOSSOM TR
 ORLANDO FL 32805
 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

59-3139883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GASTALDO, EDWARD
 515 N ORANGE BLOSSOM TR
 ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name

ROBERT FIOIA

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

515 N. ORANGE BLOSSOM TR.

City

ORLANDO

FL

Zip Code

32805

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

Robert A. Fioia **ROBERT A. FIOIA**

1-8-02

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

TITLE **CD** ☐ Delete
 NAME **ARKIN, J G**
 STREET ADDRESS **111 N ORANGE AVE STE 1800**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Delete
 NAME **MCLEARN, SHARON**
 STREET ADDRESS **211 EAST COLONIAL DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **V** ☐ Delete
 NAME **GASTALDO, EDWARD**
 STREET ADDRESS **515 N. ORANGE BLOSSOM TR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
 NAME **FREEMAN, ARTHUR L**
 STREET ADDRESS **7007 SEA WORLD DRIVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CHAIRMAN** ☐ Change ☒ Addition
 NAME **ROB STANFIELD**
 STREET ADDRESS **707 MENSHAM BLVD. STE. 200**
 CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 407-649-4100

CP2E037 (9/01)