

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90111 013 ****61.25

1/2

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FIOLA, ROBERT
315 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32805**

7. Name and Address of New Registered Agent

Name **EDWARD GASTALDO**

Street Address (P.O. Box Number is Not Acceptable)
315 N ORANGE BLOSSOM TRAIL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edward Gastaldo
Signature, typed or printed name of registered agent and title if applicable

EDWARD GASTALDO

1-16-03

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 Stansfield**
STREET ADDRESS **707 Mendham Blvd #200**
CITY-ST-ZIP **Orlando FL 32825**

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

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

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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:

Edward Gastaldo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-03 407-649-4100

CR2E037 (10/02)