

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000745

1. Entity Name

THE LAURA RIDING JACKSON HOME PRESERVATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

1327 N CENTRAL AVE
SEBASTIAN FL 32958

1327 N CENTRAL AVE
SEBASTIAN FL 32958

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

59-3160354

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

VAN DE VOORDE, RENE G
1327 N CENTRAL AVE
SEBASTIAN FL 32958

Name

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

City

FL

Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	VD TERRY, CHARLOTTE 5070 N. 11A VERO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VAN DE VOORDE, RENE G 1327 N CENTRAL AVE SEBASTIAN FL 32958	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREG SMITH 3220 26 ST. S.W. VERO BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKIN, LYNN 831 CAMELIA LANE VERO BCH. FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, MARGARET 9420 - 52 CT. WABASSO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ELIJOTT 480 - 10TH AVE. VERO BEACH FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Lee Weeks 681 Collier Lake Circle Sebastian FL 32958	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Lowe 9115 44th Ave. Sebastian, FL 32958	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 18, 2002 561-559-4353

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE