

2002 UNIFORM BUSINESS REPORT (UBR)

0051524

DOCUMENT # N93000003414

1. Entity Name

#1208=5

THE FREDERIC A. AND LUCILLE G. DOPPELT FAMILY FO.
UNDATION, INC.

FILED

03 JAN -2 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

240 PINEAPPLE AVE
10TH FL
SARASOTA FL 34236

P.O. BOX 49948
SARASOTA FL 34230

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2071025

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAND, DAVID S
240 SOUTH PINEAPPLE AVE.
10TH FL
SARASOTA FL 34236

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
GRAY, THOMAS
4830 LOUGHBORO RD, NW
WASHINGTON, D.C. FL 20016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800009993518
01/09/03--01055--009***61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
GRAY, CAROLYN D
4830 LOUGHBORO RD., N.W.
WASHINGTON D.C. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
01/09/03
01/09/03 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GRAY, EMILIE S
4830 LOUGHBORO RD., N.W.
WASHINGTON D.C. 20016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
01/09/03
01/09/03 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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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: Carolyn Gray, Director

4/02/02 (941) 366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/01)

Attachment

N93600003414

C A R O L Y N D O P P E L T G R A Y

Sorry- we just found this misfiled when
we reviewed our year-end statements.
I have reissued the check for \$61.25
Originally dated 4/10/02.

Thank you.

Carolyn Doppelt Gray

EPSTEIN BECKER & GREEN, P.C., WASHINGTON, DC 20037