

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005292

1. Entity Name

FRANCES D. UPDIKE CHARITABLE FOUNDATION, INC.

FILED

Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90100 035 \*\*\*\*61.25

Principal Place of Business

68 MAMMOTH GROVE RD  
P O BOX 231  
LAKE WALES FL 33853

Mailing Address

68 MAMMOTH GROVE RD  
P O BOX 231  
LAKE WALES FL 33853

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

59-3211437

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

UPDIKE, LAWRENCE C  
68 MAMMOTH GROVE RD  
LAKE WALES FL 33853

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 PD  
NAME UPDIKE, FRANCES D  
STREET ADDRESS 68 MAMMOTH GROVE RD  
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

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

TITLE STD  
NAME UPDIKE, LAWRENCE C  
STREET ADDRESS 68 MAMMOTH GROVE RD  
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

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

TITLE VD  
NAME UPDIKE, SAMUEL D  
STREET ADDRESS 68 MAMMOTH GROVE RD  
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

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

TITLE D  
NAME DAILY, VIRGINIA U  
STREET ADDRESS 68 MAMMOTH GROVE RD  
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

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

TITLE D  
NAME MCLAUGHLIN, MARY U  
STREET ADDRESS 68 MAMMOTH GROVE RD  
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/02

(863) 696-1487

Date

Daytime Phone #

CR2E037 (9/01)