

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90130 048 ****61.25

DOCUMENT # N93000005497

1. Entity Name

THE UNCOMMON FRIENDS FOUNDATION, INC.

Principal Place of Business

Mailing Address

2115 SECOND STREET
 FT MYERS FL 33901
 US

PO BOX 811
 FT MYERS FL 33902
 US

871003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **#200**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0490124**

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

KNIGHT, REGINALD L
1416 SE 30TH TERRACE
CAPE CORAL FL 33904

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

SIGNATURE

Reginald L Knight, Executive Director 9-3-02
 (NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	DP	<input type="checkbox"/> Delete
NAME	ALBION JOHN	
STREET ADDRESS	9758 COUNTRY OAKS	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MYERS, FRAN	
STREET ADDRESS	21461 WIDGEON TERRACE	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WHITLEY, STEVEN R	
STREET ADDRESS	2075 WEST FIRST ST.	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	S	<input type="checkbox"/> Delete
NAME	STILWELL, SANDRA	
STREET ADDRESS	11509 ANDU ROSSE LANE	
CITY-ST-ZIP	CAPTIVA FL 33924	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SCULION, DAVID	
STREET ADDRESS	8191 COLLEGE PKWY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, DAVID DR.	
STREET ADDRESS	5668 JEREE COURT	
CITY-ST-ZIP	FORT MYERS FL 33917	

OK AS is

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Humphrey	
STREET ADDRESS	1657 Menlo Rd	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLEY Perry	
STREET ADDRESS	1520 Royal Palm Sq #360	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OK	
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:

Reginald L Knight

9-3-02 239-335-2110

CR2E037 (4/02)