## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N94000000289

Entity Name: EDISON-FORD WINTER ESTATES FOUNDATION, INC.

FILED Jan 16, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1800 BOY S FT. MYERS	SCOUT DR. S, FL 33902	US			
Current Mailing Address:			New Mailing Address:		
P O DRAW FT. MYERS	ER 88 5, FL 33902	US			
FEI Number:	65-0525651	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SMOOT, J. 12800 UNIV FT. MYERS	ERSITY PARI	KDR. US			
The above in the State		ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	c Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () GALLOWAY, SA 1800 BAY SCOU FT. MYERS, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD ( ) Delete EDWARDS, SUZANNE 6923 OLD WHISKEY CREEK DR. FT. MYERS, FL 33919		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( ) Delete BRINSON, SIDNEY A 12593 MCGREGOR BLVD. FT. MYERS, FL 33919		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () SHIMP, STEVE 11941 FAIRWAY FORT MYERS, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete BOCETTE, L.D. 2413 MCGREGOR BLVD. FT. MYERS, FL 33901		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SURPRISE, JUE 2350 MCGREGO FORT MYERS, F	OR BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM GALLOWAY JR PD 01/16/2002