

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001895

1. Entity Name

LEWIS FOUNDATION, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90043 049 ****61.25

Principal Place of Business

6100 DEACON DRIVE
WINDERMERE FL 34786

Mailing Address

200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801-432
US

2. Principal Place of Business

6100 PAYNE STEWART DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3249459

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

A.G.C. CO.,
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801-3432

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 ☐ Delete
NAME SILVERTON, VIVIANNE
STREET ADDRESS 5353 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP WINDERMERE FL

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

TITLE VD ☐ Delete
NAME SILVERTON, TOBY N
STREET ADDRESS 5353 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP WINDERMERE FL 34786

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

TITLE VSD ☐ Delete
NAME THAKKAR, RASESH
STREET ADDRESS 5062 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP WINDERMERE FL 34786

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

TITLE VTD ☐ Delete
NAME VOSS, JEFFERSON R
STREET ADDRESS 550 JEFFERSON ST
CITY-ST-ZIP OAKLAND FL

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

TITLE ASD ☐ Delete
NAME KAY, CHRISTOPHER K
STREET ADDRESS 5524 ISLEWORTH COUNTRY CLUB DR
CITY-ST-ZIP WINDERMERE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

4/29/01

407.876.5432

Daytime Phone #

CR2E037 (10/00)