

7/22

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90157 034 \*\*\*\*61.25

**DOCUMENT # N94000002808**

1. Entity Name

**BETTY J. PUSKAR FAMILY FOUNDATION, INC.**

Principal Place of Business <b>708 OCEAN DR. JUNO BEACH FL 33408</b>	Mailing Address <b>708 OCEAN DR. JUNO BEACH FL 33408</b>
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**MCCURRY, WILLIAM P**  
**SUITE 204**  
**21301 POWERLINE ROAD**  
**BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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 *Betty Puskar*

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PUSKAR, BETTY J</b>	
STREET ADDRESS	<b>%708 OCEAN DR.</b>	
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PRATT, JOHANNA P</b>	
STREET ADDRESS	<b>3082 WOODS EDGE</b>	
CITY-ST-ZIP	<b>MORGANTOWN WV</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>AUSTIN, JANET</b>	
STREET ADDRESS	<b>3041 WILDWOOD DR.</b>	
CITY-ST-ZIP	<b>COVINGTON VA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** *Betty Puskar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone: **561-6007**

CR2E037 (8/01)