2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am DOCUMENT # **N94000003220 Secretary of State** THE OWSLEY FOUNDATION, INC. 03-28-2002 90013 032 ****75.00 Principal Place of Business Mailing Address PALM HARROR PALM HARBOR 122 CARLYLE DR 122 CARLYLE DR PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3252540 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) OWSLEY, R. G REV. 122 CARLYLE DRIVE PALM HARBOR FL 34683 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PSD ☐ Change TITLE ☐ Delete TITLE Addition VICE HRESIDENT/DIRECTOR OWSLEY, R. G REV. NAME DAUID B. HORNEA, JA. STREET ADDRESS 122 CARLYLE DRIVE STREET ADDRESS 122 CARLYLE DAS CITY-ST-ZIF PALM HARBOR FL 34683 CITY-ST-ZIP <u>PALM HARBON, FL 34683</u> TITLE ☐ Delete Change ☐ Addition SECAETAAY/TREASUREA owsley, esther a NAME ESTHER A.OWSLE STREET ADDRESS 122 CARLYLE DRIVE STREET ADDRESS iar carlyle batue CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP 94cm HAABOR, FL 34683 ÷ · □ Delete TITLE TITLE → Change -DIRECTOR ☐ Addition Graffuis, esther rev. NAME NAME REVIESTHER G. MERRON STREET ADDRESS 122 CARLYLE DRIVE STREET ADDRESS Lacarlyle Daive CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP PACM HARBON, FL34683 TITLE Addition ☐ Delete TITLE ☐ Change Dia*ecto*a NAME NAME BETH AND PARKER STREET ADDRESS STREET ADDRESS A CARLYLE DATUE CITY-ST-ZIE CITY-ST-ZIP ALM HAAGOO, FL 34683 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 refleiver or true exempowared 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 attac SIGNATURE:

Daytime Phone #

(9/01)