

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90473 034 ****61.25

DOCUMENT # N94000004348

1. Entity Name

THE PINO FOUNDATION, INC.

Principal Place of Business

Mailing Address

**255 S ORANGE AVE
 SIXTH FLOOR
 ORLANDO FL 32801
 US**

**POB 1511
 ORLANDO FL 32802
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3273105

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINO, LAURENCE J
 255 S ORANGE AVE
 6TH FLOOR
 ORLANDO FL 32801**

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 Delete
 NAME **DPS**
 STREET ADDRESS **PINO, LAURENCE J**
 CITY-ST-ZIP **255 S ORANGE AVE**
ORLANDO FL 32801

TITLE Change Addition
 NAME **P/S**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **WESTERBAND, JULIO**
 CITY-ST-ZIP **27068 LAPAZ SUITE**
LAGUNA HILLS FL 92656

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **ROGERS, DONALD C**
 CITY-ST-ZIP **1401 LEE RD.**
ORLANDO FL 32810

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
 STREET ADDRESS **QUINN, WANDA**
 CITY-ST-ZIP **255 S. ORANGE AVE. 6TH FLOOR**
ORLANDO FL 32801

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Simmons, Cathy**
 CITY-ST-ZIP **255 S. Orange Ave. 6th Floor**
Orlando, FL 32801

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Dicks, Jack, Esq.**
 CITY-ST-ZIP **520 Crown Oak Centre**
Longwood, FL 32750

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurence J. Pino
 President

4-9-02

407 206-6513

Date

Daytime Phone #

CR2E037 (9/01)