

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90319 028 ****61.25

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DOCUMENT # N94000004919

1. Entity Name

THE GEORGE J. AND MARY SUSAN THELEN FAMILY FOUNDATION, INC.



Principal Place of Business

**5393 GULF OF MEXICO DRIVE
#112B LONGBOAT TERRACE
LONGBOAT KEY FL 34228
US**

Mailing Address

**5393 GULF OF MEXICO DRIVE
#112 B LONGBOAT TERRACE
LONGBOAT KEY FL 34228
US**

11035373



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0533389**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**THELEN, GEORGE J
5393 GULF OF MEXICO DRIVE
UNIT 112B LONGBOAT TERRACE
LONGBOAT KEY FL 34228**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME: **THELEN, GEROGE J**
STREET ADDRESS
CITY-ST-ZIP
**5393 GULF OF MEXICO #112B LONGBOAT TERRACE
LONGBOAT KEY FL**

☐ Delete

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

TITLE
NAME: **D**
STREET ADDRESS
CITY-ST-ZIP
**HARPER, MARIBETH
9625 CARRIAGE DR.
KENSINGTON MD 20895**

☐ Delete

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

TITLE
NAME: **D**
STREET ADDRESS
CITY-ST-ZIP
**THELEN, JAY P
20 RIO GRANDE, UNIT 7
FLORENCE KY 41042**

☐ Delete

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

TITLE
NAME: **D**
STREET ADDRESS
CITY-ST-ZIP
**REGAN, JENNIFER
1001 ST GEORGES LANE
LAUDENBERG PA**

☐ Delete

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

TITLE
NAME: **D**
STREET ADDRESS
CITY-ST-ZIP
**CIPOLLONE, REBECCA
55 FRANCES COURT
CHESHIRE CN**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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]
SIGNATURE

4/29/03

941-383-4652

CR2E037 (10/02)