

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90142 036 ****61.25

DOCUMENT # N94000006257

1. Entity Name

LEE AND TAMMY STORMS FAMILY FOUNDATION, INC.

Principal Place of Business

**3440 LAKEMOUNT BLVD.
FORT MILL SC 29715**

Mailing Address

**828 EAST BLVD.
CHARLOTTE NC 28203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-3284032

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****CLASP, INC.
3001 TAMiami TRAIL NORTH
4TH FLOOR
NAPLES FL 34101**

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

**After September 13, 2002,
min. will be \$236.25.**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	D	<input type="checkbox"/> Delete
NAME	STORMS, G L	
STREET ADDRESS	3440 LAKEMOUNT BLVD.	
CITY-ST-ZIP	FORT MILL SC 29715	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STORMS, TAMELA K	
STREET ADDRESS	3440 LAKEMOUNT BLVD.	
CITY-ST-ZIP	FORT MILL SC 29715	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STORMS, DONALD L	
STREET ADDRESS	8615 BONDS GROVE CHURCH RD	
CITY-ST-ZIP	WAXHAW NC 28173	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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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:** *Jason L. ...* **THE REQUIRED**

(704) 372-1112

CR2E037 (4/02)

Attachments 9/7/21/4
**MARSH LAW FIRM,
P.L.L.C.**

ATTORNEYS AT LAW
828 East Boulevard
Charlotte, North Carolina 28203
Telephone: (704) 372-1112
Facsimile: (704) 372-0133

RICHARD E. MARSH, JR.*
*also licenced in Florida and South Carolina

WRITER'S E-MAIL ADDRESS:
lkozlowski@marshlawfirm.com

July 18, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Attention: Corporations Division

**Re: Lee and Tammy Storms Family Foundation, Inc.
2002 Uniform Business Report**

Dear Sir or Madam:

Enclosed please find the original 2002 Uniform Business Report for the above-referenced corporation along with this Firm's check in the amount of \$61.25 for payment of the filing fee. Thank you in advance for your prompt attention to this matter. Please contact me if you have any questions.

Sincerely,

MARSH LAW FIRM, P.L.L.C., by

Lauren A. Kozlowski
Lauren A. Kozlowski, Paralegal

Enclosures

Corporate&LLC-2002\Correspondence\FL Sec of State_ Annual Report.doc