

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000552

1. Entity Name

ANCHOR FOUNDATION, INC.

Principal Place of Business

2640 CRESCENT LAKE CT
WINDERMERE FL 34786

Mailing Address

P.O. BOX 682
WINDERMERE FL 34786-0682

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1606

Suite, Apt. #, etc.

City & State

WINDERMERE FL

Zip

34786

Country

U.S.

4. FEI Number

59-3317175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COUNTRYMAN, JANA M
2640 CRESCENT LAKE CT
WINDERMERE FL 34786

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

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 D ☐ Delete
NAME COUNTRYMAN, JANA M
STREET ADDRESS 2640 CRESCENT LAKE CT
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D ☐ Delete
NAME COUNTRYMAN, RICHARD L
STREET ADDRESS 2640 CRESCENT LAKE CT
CITY-ST-ZIP WINDERMERE FL 34786

TITLE D ☐ Delete
NAME GYENES, CAROLYN
STREET ADDRESS 6006 GULFF DR #212
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Jana M. Countryman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90104 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)