2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State
06-25-2002 90448 017 ****61.25

DOCUMENT # N95000001294

1. Entity Name

BUDDY SNOW FOUNDATION, INC.

Principal Place of Business	Mailing Address
1225 EAST TAYLER RD. DELAND FL 32724	1225 EAST TAYLER RD. DELAND FL 32724

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1225 E. TAYLOR RD Suite, Apt. #, etc.	~~SAME~~ 1225 E. TAYLOR RD Suite, Apt. #, etc.
City & State: DELAND FLA Zip: 32724 Country: USA	City & State: DELAND FL. Zip: 32724 Country: USA

4. FEI Number 59-3304344 ☐ Applied For ☐ Not Applicable

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
GROGAN, PEGGY 1416 WYNGATE DR DELAND FL 32724	Name: PEGGY GROGAN Street Address (P.O. Box Number is Not Acceptable): 209 WESTCHESTER DR. City: DELAND FL Zip Code: 32724

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT GROGAN, PEGGY 1225 EAST TAYLER RD. DELAND FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS SNOW, MICHAEL S 1225 EAST TAYLER RD. DELAND FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, ALVIN 1225 EAST TAYLER RD. DELAND FL 32724	☐ 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
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CR2E037 (9/01)

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: PEGGY GROGAN SIGNATURE REQUIRED 6-10-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #