

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001979

1. Entity Name

J. FRED DANKER FAMILY FOUNDATION, INC.

FILED

Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90006 017 ****61.25

Principal Place of Business

Mailing Address

2635 SOUTH WEST GREENWICH WAY
PALM CITY FL 34990-7510
US A

2635 SOUTH WEST GREENWICH WAY
PALM CITY FL 34990-7510

00013000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2635 S.W. GREENWICH WAY

Suite, Apt. #, etc.

PALM CITY FLORIDA

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0584122

Applied For

Not Applicable

Zip
34990-7510

Country

U.S. A

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

DANKER, J. FRED
2635 SOUTH WEST GREENWICH WAY
PALM CITY FL 34990-7510

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 PD
NAME DANKER, J. FRED
STREET ADDRESS 2635 SOUTH WEST GREENWICH WAY
CITY-ST-ZIP PALM CITY FL ☐ Delete

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

TITLE D
NAME KIMBRELL, JOANN C
STREET ADDRESS 1479 ALLEN STREET
CITY-ST-ZIP MT. PLEASANT SC 29464 ☐ Delete

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

TITLE D
NAME DANKER, JOHN W
STREET ADDRESS 6250 SW 48TH STREET
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

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

TITLE D
NAME DANKER, THOMAS F
STREET ADDRESS 16900 S.W. 264TH STREET
CITY-ST-ZIP HOMESTEAD FL 33031 ☐ Delete

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

TITLE VPD
NAME DANKER, HILDEGARD A
STREET ADDRESS 2635 SW GREENWICH WAY
CITY-ST-ZIP PALM CITY FL ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)