

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
 03-24-2002 90026 045 ****61.25

007645

DOCUMENT # N95000002754

1. Entity Name

FRIAR TUCK'S PHILANTHROPY INC.

Principal Place of Business

Mailing Address

P.O. BOX 810672
 BOCA RATON FL 33481

P.O. BOX 810672
 BOCA RATON FL 33481

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0587423

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LAFLEUR, KEN~~
 55 SW 2ND AVE UNIT 411
 BOCA RATON FL 33432

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	PTS	<input type="checkbox"/> Delete
NAME	LAFLEUR, KEN	
STREET ADDRESS	% P.O. BOX 810672 N/A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARAS, PETE	
STREET ADDRESS	% P.O. BOX 810672 N/A	
CITY-ST-ZIP	BOCA RATON FL 33481	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPLER, JIM	
STREET ADDRESS	% P.O. BOX 810672 N/A	
CITY-ST-ZIP	BOCA RATON FL 33481	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTRY, PATRICIA A	
STREET ADDRESS	480 NE 35TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ken Lafleur* President **Ken LAFLEUR** 03/28/02 561 658 8809

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)