

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/4

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90061 033 \*\*\*\*61.25

**DOCUMENT # N95000002789**

1. Entity Name

**SOCIAL VENTURES FUND, INC.**

Principal Place of Business

Mailing Address

**8 ANGEL FISH CAY  
 KEY LARGO FL 33037-5273**

**63 BAYVIEW ROAD  
 DOVER NH 03820**

2. Principal Place of Business

3. Mailing Address

*63 Bayview Rd.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Dover, NH*

4. FEI Number

**65-0597238**

Applied For

Not Applicable

Zip

Country

Zip

Country

*03820*

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

**PETERSON, RENNO L  
 1800 SECOND STREET  
 SUITE 755  
 SARASOTA FL 34236**

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 '0

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NORMAN, GAIL SNYDER</b> <b>8 ANGEL FISH CAY</b> <b>KEY LARGO FL 33037-5273</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NORMAN, PETER DEVRIES</b> <b>58 PALMER STREET</b> <b>ARLINGTON MA 02174</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NORMAN, SUSAN E</b> <b>63 BAYVIEW ROAD</b> <b>DOVER NH 03820</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLUMENTHAL, MARC</b> <b>63 BAYVIEW ROAD</b> <b>DOVER NH 03820</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Arington, MA 02474</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Correct zip code to Peter Norman</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Annika M. Blumenthal (Director)</b> <b>63 Bayview Rd.</b> <b>DOVER, NH 03820</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Susan E Norman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)