

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90045 022 \*\*\*\*61.25

**DOCUMENT # N95000002908**

1. Entity Name

**KENNETH T. AND MILDRED S. GAMMONS CHARITABLE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**46 N. WASHINGTON BLVD., SUITE 27  
 SARASOTA FL 34236**

**46 N. WASHINGTON BLVD., SUITE 27  
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0596492**

Applied For

Not Applicable

Zip

Country

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

**BROWNING, GEORGE III  
 46 N. WASHINGTON BLVD., SUITE 27  
 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 10

TITLE ☒ Delete  
 NAME **GAMMONS, MILDRED S**  
 STREET ADDRESS **6341 APPROACH ROAD**  
 CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE ☐ Delete  
 NAME **D Pres**  
 STREET ADDRESS **ENOS, RICHARD**  
 CITY-ST-ZIP **5800 HOLLYWOOD BLVD, APT 117  
 SARASOTA FL**

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

TITLE ☐ Delete  
 NAME **D Sec, Treas., V.P.**  
 STREET ADDRESS **BROWNING, GEORGE III**  
 CITY-ST-ZIP **46 N. WASHINGTON BLVD., SUITE 27  
 SARASOTA FL 34236**

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

TITLE ☐ Delete  
 NAME **Sally Browning**  
 STREET ADDRESS **PO Box 25252**  
 CITY-ST-ZIP **Tampa, FL 33622**

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

TITLE ☐ Delete  
 NAME **D Deidre Foerster**  
 STREET ADDRESS **13900 TWO NOTCH PLACE**  
 CITY-ST-ZIP **Midlothian, VA 23113**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME  
 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: **Michael Browning** VP & D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 941-366-2782

CR2E037 (9/01)