

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91522 049 ****61.25

DOCUMENT # N96000000141

1. Entity Name

Betsy Nagelsen's A Place in the Heart, Inc.

DO NOT WRITE IN THIS SPACE

643651

2. Principal Place of Business

9600 McCormack Place

Suite, Apt. #, etc.

3. Mailing Address

9600 McCormack Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Windermere, FL

City & State

Windermere, FL

4. FEI Number

59-3357131

Applied For

Not Applicable

Zip

34786

Country

USA

Zip

34786

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nagelsen McCormack, Betsy

Street Address (P.O. Box Number is Not Acceptable)

9600 McCormack Place

City

Windermere

FL

Zip Code

34786

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IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
D
Nagelsen McCormack, Betsy
STREET ADDRESS
9600 McCormack Place
CITY-ST-ZIP
Windermere, FL 34786

TITLE
NAME
D
Nagelsen, James Robert Jr.
STREET ADDRESS
420 Cerromar Court, #226
CITY-ST-ZIP
Venice, FL 34285

TITLE
NAME
D
Trollinger, Sara E.
STREET ADDRESS
1010 West 30th Street
CITY-ST-ZIP
Orlando, FL 32805

TITLE
NAME
D
Gabri, Patty M.
STREET ADDRESS
11059 Schooner Way
CITY-ST-ZIP
Windermere, FL 34786

TITLE
NAME
D
Sahag, Walker
STREET ADDRESS
5 Northpointe Cove
CITY-ST-ZIP
Jackson, MS 39211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betsy Nagelsen McCormack

Date

4-12-02

Daytime Phone #

CR2E037B (12/01)