

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90219 003 ****70.00

DOCUMENT # N96000000351

1. Entity Name

CAMPBELL FOUNDATION, INC.

Principal Place of Business

**1796 WALDEN POND DRIVE
 FT. PIERCE FL 34945**

Mailing Address

**1796 WALDEN POND DRIVE
 FT. PIERCE FL 34945**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0637798

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, JANE L
 1796 WALDEN POND DRIVE
 FT. PIERCE FL 34945**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **CAMPBELL, JANE L**
 STREET ADDRESS **1796 WALDEN POND DRIVE**
 CITY-ST-ZIP **FT. PIERCE FL 34945**

TITLE **VD** ☐ Delete
 NAME **NHERISSON, CLAUDE B DR**
 STREET ADDRESS **119 RUE PIERRE PINCHINAT**
 CITY-ST-ZIP **ST. MARC HAITI WI**

TITLE **SD** ☐ Delete
 NAME **SACCHETTI, MARY E**
 STREET ADDRESS **117A WHITE ST**
 CITY-ST-ZIP **EATONTOWN NJ**

TITLE **VD** ☒ Delete
 NAME **ELWELL, GENE**
 STREET ADDRESS **25 COVENTRY CIR W**
 CITY-ST-ZIP **MARLTON NJ 08053**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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: J. Campbell **ENCLOSURE** **April 30, 2001 (561) 489 5303**

CR2E037 (10/00)