

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90112 028 ****61.25

DOCUMENT # N96000003516

1. Entity Name

ROY C. AND SUSAN M. PALMER FAMILY CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**4423 BAYSHORE ROAD
 SARASOTA FL 34234
 US**

**4423 BAYSHORE ROAD
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1471328

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PALMER, ROY C
 4423 BAYSHORE ROAD
 SARASOTA FL 34234**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD	<input type="checkbox"/> Delete
NAME	PALMER, ROY C	
STREET ADDRESS	4423 BAYSHORE ROAD	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PALMER, SUSAN M	
STREET ADDRESS	4423 BAYSHORE ROAD	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAYBOURN, PALMER	
STREET ADDRESS	4423 BAYSHORE RD	
CITY-ST-ZIP	SARASOTA FL 34236	
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
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan M. Palmer* **SUSAN M. PALMER** 1/29/02 941-355-1983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)