

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005979**

1. Entity Name

FOLEY FAMILY FOUNDATION, INC.

Principal Place of Business

**11541 LANE PARK ROAD
TAVARES FL 32778**

Mailing Address

**11541 LANE PARK ROAD
TAVARES FL 32778**

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

59-3413988

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETERKIN, TESSA
11541 LANE PARK ROAD
TAVARES FL 32778**

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	D	<input type="checkbox"/> Delete
NAME	FOLEY, THOMAS D	
STREET ADDRESS	11541 LANE PARK ROAD	
CITY-ST-ZIP	TAVARES FL 32778	

TITLE	D	<input type="checkbox"/> Delete
NAME	FOLEY, CONSTANCE S	
STREET ADDRESS	11541 LANE PARK ROAD	
CITY-ST-ZIP	TAVARES FL 32778	

TITLE	D	<input type="checkbox"/> Delete
NAME	FOLEY, KATHRYN	
STREET ADDRESS	11541 LANE PARK ROAD	
CITY-ST-ZIP	TAVARES FL 32778	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:

Constance S. Foley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/01

Daytime Phone #

352-343-1114**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90064 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)