

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000375

1. Entity Name

LINDSEY RAE FOUNDATION, INC.

Principal Place of Business

Mailing Address

1216 S.W. FIRST WAY  
DEERFIELD BEACH FL 33441

104 SE 12 STREET  
DEERFIELD BEACH FL 33441  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0721671

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

HODDINOTT, ROBERT MILTON JR.  
1216 S.W. FIRST WAY  
DEERFIELD BEACH FL 33441

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  
After September 12, 2001, min. will be \$236.25

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  
PD  
HODDINOTT, ROBERT J  
STREET ADDRESS  
104 SE 12TH STREET  
CITY-ST-ZIP  
DEERFIELD BCH FL 33441

TITLE ☐ Delete

NAME  
VD  
HODDINOTT, LISA  
STREET ADDRESS  
104 SE 12TH STREET  
CITY-ST-ZIP  
DEERFIELD BCH FL 33441

TITLE ☐ Delete

NAME  
TDS  
TAYLOR, LUANNE M  
STREET ADDRESS  
99 NE 6TH AVE  
CITY-ST-ZIP  
DEERFIELD BCH FL 33441

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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

*[Signature]*

8/27/01 954-436-5727

FILED  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90003 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)