

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90054 050 \*\*\*\*61.25

0035764

**DOCUMENT # N97000000375**

1. Entity Name

**LINDSEY RAE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

216 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

**104 SE 12th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Deerfield Bch. FL**

Zip

Country

Zip

Country

**33441**

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

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

Name

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

**104 SE 12th Street**

City

**Deerfield Bch**

FL

Zip Code

**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**

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **TD**  
 STREET ADDRESS **Taylor, Luanne M**  
 CITY-ST-ZIP **99 NE 6th Ave**  
**Deerfield Bch FL 33441**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **SD**  
 STREET ADDRESS **Leslie Hall**  
 CITY-ST-ZIP **337 SE 3rd Terr**  
**Deerfield Bch FL 33441**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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:

*[Handwritten Signature]*

**3-20-02 954-426-5127**

CR2E037 (9/01)