

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002256

1. Entity Name

PLANGERE FOUNDATION, INC.

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90402 038 ****61.25

Principal Place of Business

3829 PARTRIDGE PL. S., QUAIL RIDGE
BOYNTON BEACH FL 33436

Mailing Address

3829 PARTRIDGE PL. S., QUAIL RIDGE
BOYNTON BEACH FL 33436

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

65-0747053

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

PLANGERE, JULES L JR.
3829 PARTRIDGE PL. S., QUAIL RIDGE
BOYNTON BEACH FL 33436

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PLANGERE, JULES L JR.
STREET ADDRESS 3829 PARTRIDGE PL. S., QUAIL RIDGE
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE D ☐ Delete
NAME PLANGERE, JULES L III
STREET ADDRESS 2805 WILLIAMSBURG DR.
CITY-ST-ZIP WALL NJ 07719

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

TITLE D ☐ Delete
NAME CONOVER, JOHN C III
STREET ADDRESS 3223 RIDGEWOOD RD.
CITY-ST-ZIP ALLENWOOD NJ 08720

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

TITLE D ☐ Delete
NAME CONOVER, JEFFREY S
STREET ADDRESS 4 BURNBRAE RD.
CITY-ST-ZIP TOWSON MD 21204

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

TITLE D ☐ Delete
NAME BICKART, WENDY J
STREET ADDRESS 16 MEADOWS LN.
CITY-ST-ZIP OCEAN NJ 07712

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)