## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 16, 2002 8:00 am Secretary of State DOCUMENT # **N97000005349** 1. Entity Name THE BOND FOUNDATION, INC. 01-16-2002 90039 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 800 SOUTH DILLARD STREET 800 SOUTH DILLARD STREET WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3468830 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Blakeslee, Derek 800 SOUTH DILLARD STREET **WINTER GARDEN FL 34787** Zip Code City FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 " "" OFFICERS AND DIRECTORS 10. 11. PRESIDENT TITLE ☐ Addition TITLE ☐ Delete Blakeslee. Derek NAME NAME STREET ADDRESS STREET ADDRESS 230 N HIGHLAND AVE CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 Change **M** Addition M Delete TITLE TITLE DON WINGATE P. U. BOL 6 BOND, WALTER L NAME NAME 1130 SW CHAPMAN WAY NO 506 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KILLARNET, FL 34740 CITY-ST-ZIP PALM CITY FL Change ☐ Addition Delete TITLE TITLE BLAKESLEE, ANN G NAME NAME STREET ADDRESS STREET ADDRESS 230 N HIGHLAND AVE CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 Change Addition TITLE Delete TITLE CAROLE WINGATE NAME NAME P. U. Box 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KILLANNET, FL ☐] Change Addition ☐ Delete TITLE TITLE NAME NAME MARY GRIPFITH STREET ADDRESS STREET ADDRESS P.O. BOX 77 0254 CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN, FL 34171 TITLE Change ■ Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MALATURE REQUD**ērēk** J. Blakeslee

1/7/02

407-656-6616