# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 05, 2002 8:00 am**
**Secretary of State**
02-05-2002 90146 020 ****61.25

DOCUMENT # N98000000318

1. Entity Name

DODT FAMILY FOUNDATION, INC.

726431

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1209 SANTIAGO DR.<br>BRADENTON FL 34209 | 1209 SANTIAGO DR.<br>BRADENTON FL 34209 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2395 Landings Suite, Apt. #, etc. Circle | 2395 Landings Circle Suite, Apt. #, etc. |
| City & State: Bradenton FL | City & State: Bradenton, FL |
| Zip: 34209 Country: Manatee | Zip: 34209 Country: Manatee |

4. FEI Number 65-0812002 ☐ 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 |
|---|---|
| HARRISON, GEORGE H<br>1206 MANATEE AVE. W.<br>BRADENTON FL 34205 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PSTD<br>DODT, ELIZABETH B<br>1209 SANTIAGO DR.<br>BRADENTON FL 34209 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2395 Landings Circle | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ANDREW, THERESA<br>1226 BRYN MAWR ST.<br>ORLANDO FL 32804 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOTLEY, JENNIFER<br>2154 RADCLIFF DRIVE<br>ATLANTA GA 30318 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2154 Radcliffe Drive | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 REQUIRED~~ Elizabeth B. Dodt 1/16/02 941-792-0584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #