

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90023 001 ****61.25

DOCUMENT # N98000000494

1. Entity Name

GARY L. FORMET MEMORIAL TRUST FUND, INC.

Principal Place of Business

**1215 MONTCALM ST.
ORLANDO FL 32806**

Mailing Address

**1215 MONTCALM ST.
ORLANDO FL 32806**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3500845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FORMET, JANE C
1215 MONTCALM ST.
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **FORMET, JANE C**
STREET ADDRESS **1215 MONTCALM ST.**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **PRICHER, NORMAN C**
STREET ADDRESS **608 E. CENTRAL BLVD**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☐ Delete
NAME **WOHLUST, CHARLES G**
STREET ADDRESS **778 MCINTYRE AVE.**
CITY-ST-ZIP **WINTER PARK FL 32787**

TITLE **D** ☐ Delete
NAME **ANDERSON, JENNIFER F**
STREET ADDRESS **2998 EGLINGTON**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)