

2002 UNIFORM BUSINESS REPORT (UBR)**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	FORMET, JANE C	
STREET ADDRESS	1215 MONTCALM ST.	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE	D	<input type="checkbox"/> Delete
NAME	PRICHER, NORMAN C	
STREET ADDRESS	608 E. CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	D	<input type="checkbox"/> Delete
NAME	WOHLUST, CHARLES G	
STREET ADDRESS	778 MCINTYRE AVE.	
CITY-ST-ZIP	WINTER PARK FL 32787	

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JENNIFER F	
STREET ADDRESS	2998 EGLINGTON	
CITY-ST-ZIP	ORLANDO FL 32806	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jane C. Formet* **SIGNATURE REQUIRED****FILED**
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90724 021 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3500845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 (9/01)

4/1/02

407-859-2710