

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000001396**

1. Entity Name

RIO GRANDE FOUNDATION OF EXCELLENCE, INC.

Principal Place of Business

**2210 SOUTH RIO GRANDE AVE
ORLANDO FL 32805-5263**

Mailing Address

**2210 SOUTH RIO GRANDE AVE
ORLANDO FL 32805-5263**

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

59-3516926

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SAVAGE-GASTON, HOGAN & HARGROVE, PA
801 N MAGNOLIA AVE., STE 402
ORLANDO FL 32803-3851****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	PD	<input type="checkbox"/> Delete
NAME	INGRAM, LEONARD E	
STREET ADDRESS	5219 N RIDGEWAY DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAHAM, CYNTHIA	
STREET ADDRESS	PO BOX 618638	
CITY-ST-ZIP	ORLANDO FL 32861	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHOICE, BONNIE	
STREET ADDRESS	589 S INDIGO RD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCLEAN, BARBARA J	
STREET ADDRESS	6611 WINDER OAKS BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	MD	<input type="checkbox"/> Delete
NAME	BRACY, LAVON W	
STREET ADDRESS	5313 WOODSTEAD WAY	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	MT	<input type="checkbox"/> Delete
NAME	INGRAM, LOUISE J	
STREET ADDRESS	5219 N RIDGEWAY DR	
CITY-ST-ZIP	ORLANDO FL 32819	

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	
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	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEONARD E. INGRAM 2-10-01 407-351-2332

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)