

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90114 010 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

John Ellis, Jr.

Street Address (P.O. Box Number is Not Acceptable)

1302 East Robinson Street

City

Orlando

FL

Zip Code

32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/22/02

After September 13, 2002,
min. will be \$236.25.

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** ☒ Delete
 NAME **INGRAM, LEONARD E**
 STREET ADDRESS **5219 N RIDGEWAY DR**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VP** ☒ Delete
 NAME **GRAHAM, CYNTHIA**
 STREET ADDRESS **PO BOX 618638**
 CITY-ST-ZIP **ORLANDO FL 32861**

TITLE **TD** ☐ Delete
 NAME **CHOICE, BONNIE**
 STREET ADDRESS **589 S INDIGO RD**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **ST** ☒ Delete
 NAME **MCLEAN, BARBARA J**
 STREET ADDRESS **6611 WINDER OAKS BLVD**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **MD** ☒ Delete
 NAME **BRACY, LAVON W**
 STREET ADDRESS **5315 WOODSTEAD WAY**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **MT** ☐ 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 **President** ☒ Change ☐ Addition
 NAME **LaVon W. Bracy**
 STREET ADDRESS **5315 Woodstead Way**
 CITY-ST-ZIP **Orlando, FL 32819**

TITLE **Board Member** ☐ Change ☒ Addition
 NAME **Leonard Burnett**
 STREET ADDRESS **14341 Lord Barclay Drive**
 CITY-ST-ZIP **Orlando, FL 32837**

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

TITLE **Director** ☐ Change ☒ Addition
 NAME **Carolyn Jones**
 STREET ADDRESS **4235 Colony Way**
 CITY-ST-ZIP **Orlando, FL 32808**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Cornelius Hudgins**
 STREET ADDRESS **10902 Boca Pointe Drive**
 CITY-ST-ZIP **Orlando, FL 32836**

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

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:

LaVon W. Bracy

Aug. 22, 2002

CR2E037 (4/02)