## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N98000002095

1. Entity Name

## PFLUG FAMILY CHARITABLE FOUNDATION, INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90124 006 \*\*\*\*61.25

SARASOTA FL 9422  2. Phropal Pace of Susiness  3. Maling Address  Suite, Act #, otc.   CHECK HETE IF MAKING CHANGES  Suite, Act #, otc.   CHECK HETE IF MAKING CHANGES  Suite, Act #, otc.   CHECK HETE IF MAKING CHANGES  Zip   Country   Zip   Country   S. Cartification 65-0843525   Applied For Not Appli						***					
Sure. Act #, etc.   CHECK HERE IF MAKING CHANGES	Principal Place of Business 3605 RIVIERA DR. SARASOTA FL 34232			3605 RIVIERA DR.				 		<b>o</b> 44 <b>714 00</b> 44 <b>30</b> 4	DI BINI 1821
City & State  Country  2p  Country  5. Certificate of Status Desired  8. Name and Address of Current Registered Agent  Name  FELLOR, JOAN B  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida.	2. Principal Place of Business				ling Address						
Section   Sect	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Source   Country   Sp	City & State			City & State				4. FEI Number 65-0843525 Applied For Not Applied For			
Sire   Address of Current Registered Agent   Name	Zip Country			Zi	p	Country		5. Certificate of Status Desired Fee Required			itional
PFLUG, JOAN 8 3805 RIVERA DR. SARASOTA FL 34232  City  FL  Zip Code  Addition  Make Check Payable to Florida. Lam Isrifiliar willi, and accept the total complete tota		6. Name and	Address of Current	Register	ed Agent						
Either address    City   FL   Zep Code	3605 RIVI	OAN B ERA DR.			· •						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu						City			EI	Zip Code	<del></del>
SIGNATURE    Signature, typed or printed name of registered agent and title 1 applicable   (NOTE Registered Agent signature required when retreature)   DATE				-					r L		
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   P/D	SIGNATURE .	Signature, typed or pri	nted name of registered agent a	and title if app						· Pavable	to .
P/D	FILE NOW: FEE IS \$61.25							Added to Fees Florida Department of State			
NAME STREET ADDRESS CITY-ST-ZIP TITLE S/D SARASOTA FL 34232 TITLE SIDE CHRISTINE STREET ADDRESS CITY-ST-ZIP TITLE SIDE CHRISTINE STREET ADDRESS CITY-ST-ZIP TITLE D SIRET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 TITLE D BURSEL, JOSEPH STREET ADDRESS CITY-ST-ZIP TITLE D SARASOTA FL 34232 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D SARASOTA FL 34232 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP Change Addition Addition AME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	10
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  THLE  VICE PRESIDENT/DIRECTOR Change MAddition  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	TITLE NAME STREET ADDRESS	D BURSEL, JOS 3258 SOUTHF	EPH FIELD LANE		☐ Celete	TITLE NAME STREET ADDRES		KHUEN ION.	FRORYDH	☐ Change	Addition
TITLE Delete TITLE Change Addition  NAME STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS	ON NOOTA TO	. • 1600		☐ Delete	TITLE NAME STREET ADDRES	V107	TORIA HELE OSPREY F	n Erquiabo	Change	Addition
	NAME STREET ADDRESS				☐ Delete	NAME STREET ADDRES				☐ 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:** 

JEAGNATHINGE TOOKED Pflug

4/8/03

(941) 922-7201