2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # N9800002321 1. Entity Name WILLIAM P. FOSTER FOUNDATION, INC. | | | | | | | | FIL SEP 1 | LED I PM | |) | | | | |
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| Principal Plac | ce of Business | Mailir | ng Address | | | | 1 | a product at the | | | - | | | | |
| CARC COLITIL I | MINDWOOD HILLS CIDCLE | | | | | ETAL Mina: | |) i (. | ii, | | | | | | |
| 6486 SOUTH WINDWOOD HILLS CIRCLE P.O. BOX 15184 TALLAHASSEE FL 32311 TALLAHASSEE FL 32317-518 | | | | 34 | | | HALL | Almo. | | | . 4 | | • | | |
| 2. Principal F | Place of Business | 3. Ma | 3. Mailing Address | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 1 | | DO NO | WRITE | E IN THIS | S SPAC | Œ | | |
| Cit. 2 Ct. | | | | | | | | | | | | | | | _ |
| City & Star | ite | | ty & State | | | | 4. FEI N | lumber 5 | 9-3506 | 306 | | | | plied For ot Applicable | e |
| - Zip | Country | Zi | р | Cou | ntry | | 5. Certif | icate of S | tatus Des | ired | | \$8. Fee | 75 Add Require | ditional | |
| | 6. Name and Address | s of Current Register | ed Agent | | Mana | | 7. Name | and Add | fress of l | New Re | gistered | d Agen | ıt | | 7 |
| | | | | | Name | | | | | | | | | | |
| BYRD, HAROLD E SR | | | | | Street Address (F | | | lumber is | Not Acce | ptable) | | | | | |
| | JTH WINDWOOD HILLS | CIRCLE | | - | | | | | | | | ··· | | | |
| TALLAHAS | SSEE FL 32311 | | | | City | | | | | | F | <u> </u> | Zip Code | 9 | - |
| D. The shave | | | | <u></u> | • | | | | | | F | ┗│ | | | _ |
| the obligat | e named entity submits this tions of registered agent. | s statement for the purp | lose of changing its r | egistere | ed office o | or registe | red agent, | or both, in | the State | of Flor | ida. Lar | n tamili | ar with, | and accept | 1 |
| | | | | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | |
| SIGNATIONE | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | ł |
| SIGNATORE | Signature, typed or printed name of | f registered agent and title if ap | plicable. (NOTE: | Registered | l Agent signa | ture required | d when reinstati | ng) | | | DATE | | | | |
| ٠. نهٔ ٠ | | 2002, | 9. Election Camp Trust Fund Co | paign Fi | nancing | nture required | \$5.00 A Added to | May Be | , | | e Chec | ck Pa | | | |
| ٠. نهٔ ٠ | After September 13, min. will be \$236. | 2002, | 9. Election Camp Trust Fund Co | paign Fi | nancing | | \$5.00 | May Be Fees | ES TO OI | De | e Chec | ck Pa ent o | f State | | |
| 10. | After September 13, min. will be \$236. | 2002, 25. | 9. Election Camp Trust Fund Co | paign Fi pontribution | nancing on. | | \$5.00 A Added to | May Be Fees | ES TO O | De | e Chec | ck Pa ent of | f State | | |
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| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | After September 13, min. will be \$236.: OFFICE PD FOSTER, WILLIAM P 1003 TANNER DRIVE TALLAHASSEE FL 323 | 2002, 25. ERS AND DIRECTORS | 9. Election Camp Trust Fund Co | paign Fi pontribution 11. TITLE NAME STREE CITY- | nancing on. ET ADDRESS ST-ZIP | | \$5.00 And Added to | May Be Fees B/CHANG | 0 00 -09/ | De FFICER 78 18/0 | e Chec | ck Pa ent of DIRECT | ORS IN Change | 10 Addition 19 | 100 |
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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: