

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002604

1. Entity Name

THE MARK BRUNELL FOUNDATION, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90010 018 ****70.00

Principal Place of Business

117 LANTERN WICK PLACE
PONTE VEDRA BCH FL 32082

Mailing Address

117 LANTERN WICK PLACE
PONTE VEDRA BCH FL 32082-1948

2. Principal Place of Business

3. Mailing Address

226-5 Solano Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 141

City & State

City & State

Ponte Vedra Beach, FL

4. FEI Number

59-3484251

Applied For

Not Applicable

Zip

Country

Zip

Country

32082

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUNNELL, MARK

117 LANTERN WICK PLACE

PONTE VEDRA BCH FL 32082

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BRUNELL, MARK
117 LANTERN WICK PLACE
PONTE VEDRA BCH FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BRUNELL, STACEY
117 LANTERN WICK PLACE
PONTE VEDRA BCH FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FESTE, GREGORY L
4665 SWEETWATER BLVD., SUITE 105
SUGAR LAND TX 77479

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(l), 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

Daytime Phone #

CR2E037 (9/99)