## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # N98000002915 Feb 08, 2000 8:00 am 1. Entity Name **Secretary of State** THE FOSTER FAMILY FOUNDATION, INC. 02-08-2000 90057 030 \*\*\*\*61.25 Principal Place of Business Mailing Address 1201 GEORGE BUSH BLVD. 1201 GEORGE BUSH BLVD. **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483-7284 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0849492 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHAPIN, ROBERT D 1201 GEORGE BUSH BLVD. **DELRAY BEACH FL 33483** Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D/T/S X Change TITLE Addition TITLE ☐ Delete Hutchinson, Patricia F. FOSTER, BENJAMIN NAME NAME STREET ADDRESS 3 Standish Drive STREET ADDRESS **102 WEST TARPON LANE** CITY-ST-ZIP CITY-ST-7IP Ridgefield, CT 06877 Jupiter FL 33477 D Addition Change TITLE D ☐ Delete TITLE Foster, Mary R. HUTCHINSON, PATRICIA F NAME NAME 1430 Dreshertown Road STREET ADDRESS STREET ADDRESS 3 STANDISH DRIVE CITY-ST-ZIP CITY-ST-7IP Dresher, PA 19025 RIDGEFIELD CT 06877 D/P\_\_\_\_ TITLE . Delete , TITLE . . 📉 Change Addition JACKSON, VIRGINIA F Jackson, Virginia F. NAME NAME STREET ADDRESS STREET ADDRESS 476 SYLVANIA DRIVE 476 Sylvania Drive CITY-ST-ZIP CITY-ST-ZIP BRIDGEVILLE PA 15017 <u>McMurray, PA 15317</u> TITLE X Delete TITLE ☐ Change ☐ Addition NAME FOSTER, W B NAME STREET ADDRESS STREET ADDRESS 1430 DRESHERTOWN ROAD CITY-ST-ZIP CITY-ST-ZIP DRESHER PA 19025 ☐ Delete TITLE ☐ Change ☐ Addition TITLE DE MARCO, DEBORAH F NAME NAME STREET ADDRESS STREET ADDRESS 29 ELIOT STREET CITY-ST-ZIP CITY-ST-ZIP SHERBORN MA 01770 TITLE ☐ Delete TITI E □ Change ☐ Addition NAME SCHMERGE, JUDITH F NAME STREET ADDRESS STREET ADDRESS 4670 HUNTRIDGE DR. CITY-ST-ZIP CITY-ST-ZIP **ROSWELL GA 30075**

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

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Daytime Phone #