

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000003416****1. Entity Name**
BRYANT FAMILY FOUNDATION, INC.**Principal Place of Business**
850 PARK SHORE DRIVE THIRD FLOOR
NAPLES FL 34103 US**Mailing Address**
850 PARK SHORE DRIVE THIRD FLOOR
NAPLES FL 34103 US**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
59-3529237Applied For
Not Applicable**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**GAST JOHN D
850 PARK SHORE DRIVE THIRD FLOOR
NAPLES FL 34103 USName
MCEACHERN CARSON
Street Address (P.O. Box Number is Not Acceptable)
850 PARK SHORE DRIVE THIRD FLOOR
City
NAPLES FL Zip Code
34103**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 CARSON MCEACHERN****04/23/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$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	D	<input type="checkbox"/> Delete
NAME	BIRCHALL LAURA B	
STREET ADDRESS	11 MIDDLEBROOK FARM ROAD	
CITY-ST-ZIP	WILTON CT 06897	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERGET NANCY B	
STREET ADDRESS	11 MIDDLEBROOK FARM ROAD	
CITY-ST-ZIP	WILTON CT 06897	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT CHERTYL J	
STREET ADDRESS	11 MIDDLEBROOK FARM ROAD	
CITY-ST-ZIP	WILTON CT 06897	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(f), 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: Chertyl J. Bryant**

Dir

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)