

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90102 043 \*\*\*\*61.25

DOCUMENT # N98000003416

1. Entity Name

BRYANT FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

850 PARK SHORE DRIVE THIRD FLOOR  
NAPLES FL 34103  
US

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

59-3529237

Applied 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MCEACHERN, CARSON  
850 PARK SHORE DRIVE THIRD FLOOR  
NAPLES FL 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

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 D ☐ Delete  
NAME BRYANT, CHERYL J  
STREET ADDRESS 11 MIDDLEBROOK FARM ROAD  
CITY-ST-ZIP WILTON CT 06897

TITLE ☒ Change ☐ Addition  
NAME 50 guards R2  
STREET ADDRESS greenwich CT 06831  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HERGET, NANCY B  
STREET ADDRESS 11 MIDDLEBROOK FARM ROAD  
CITY-ST-ZIP WILTON CT 06897

TITLE ☒ Change ☐ Addition  
NAME 50 guards R2  
STREET ADDRESS greenwich CT 06831  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BIRCHALL, LAURA B  
STREET ADDRESS 11 MIDDLEBROOK FARM ROAD  
CITY-ST-ZIP WILTON CT 06897

TITLE ☒ Change ☐ Addition  
NAME 50 guards R2  
STREET ADDRESS greenwich CT 06831  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #

4/24/02 901 368 2770

CR2E037 (9/01)