

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

03-01-2000 90014 041 ****70.00

DOCUMENT # N98000003588

1. Entity Name

LOBLOLLYPOP FOUNDATION, INC.

R

Principal Place of Business

7407 SE HILL TERRACE
 HOBE SOUND FL 33455

Mailing Address

7407 SE HILL TERRACE
 HOBE SOUND FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0865926

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOPKO, JAMES
 2307 SE MONTEREY RD.
 STUART FL 34996

7. Name and Address of New Registered Agent

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
After September 13, 2000 min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	TAPPAN, JAMES C	
STREET ADDRESS	6952 S.E. GOLFHOUSE DR.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEINKIEWICZ, PATSY	
STREET ADDRESS	3738 S.E. MOORNING DOVE WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOUAIRE, MARGARET H	
STREET ADDRESS	8060 SE LITTLE HARBOUR DR., H-12	
CITY-ST-ZIP	HOBE SOUND FL 33459	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PIGOTT, JOHN	
STREET ADDRESS	8121 SE GOLFHOUSE DR.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONAS, ROBERT P JR	
STREET ADDRESS	7139 SE GREENVIEW PLACE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D VP	<input type="checkbox"/> Delete
NAME	MCCREE, DONALD	
STREET ADDRESS	6659 MOURNING DOVE WY	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPPAN, JAMES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T. REILLY, MICHAEL K	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7861 S.E. GOLFHOUSE DR	
STREET ADDRESS	HOBE, SOUND, FL 33455	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN C. MERRITT	
STREET ADDRESS	6899 S.E. GOLFHOUSE DR.	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAS. MILLARD	
STREET ADDRESS	7181 S.E. GREENVIEW PLACE	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY BELBER	
STREET ADDRESS	7545 JAMAICAN CT	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA HAMBUN	
STREET ADDRESS	6764 SE MOURNING DOVE WAY	
CITY-ST-ZIP	HOBE SOUND, FL 33455	

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: *Donald H. McCree*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/2000 *561-546-8700*
 Date Daytime Phone #

CR2E037 (5/00)