

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90888 039 ***150.00

DOCUMENT # N98000003781

1. Entity Name

RAMSEUR FAMILY FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

803 BEN LOMOND DRIVE

Suite, Apt. #, etc.

3. Mailing Address

803 BEN LOMOND DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TEMPLE TERRACE FL

City & State

TEMPLE TERRACE FL

4. FEI Number

59-3522100

Applied For

Not Applicable

Zip

33617

Country

Zip

33617

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HENRY M RAMSEUR

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

803 BEN LOMOND DRIVE

City

TEMPLE TERRACE

FL

Zip Code

33617

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HENRY M RAMSEUR
STREET ADDRESS 803 BEN LOMOND DRIVE
CITY - ST - ZIP TEMPLE TERRACE FL 33617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VD
NAME JOHN M RAMSEUR
STREET ADDRESS 803 BEN LOMOND DRIVE
CITY - ST - ZIP TEMPLE TERRACE FL 33617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE V
NAME SUSAN M RAMSEUR
STREET ADDRESS 803 BEN LOMOND DRIVE
CITY - ST - ZIP TEMPLE TERRACE FL 33617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE STD
NAME JEANNE M RAMSEUR
STREET ADDRESS 803 BEN LOMOND DRIVE
CITY - ST - ZIP TEMPLE TERRACE FL 33617

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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 of an attachment with an address with all other like empowered.

SIGNATURE: Henry M. Ramseur Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)