

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90064 024 ****61.25

DOCUMENT # N98000004274

1. Entity Name

THE VALENTINE CHARITABLE FOUNDATION, INC.

Principal Place of Business

**FOUR ISLE RIDGE WEST
 HOBE SOUND FL 33455**

Mailing Address

**FOUR ISLE RIDGE WEST
 HOBE SOUND FL 33455**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3603584

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, REED
 FOUR ISLE RIDGE WEST
 HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

Name

AUDREY I. CLARK

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

FOUR ISLE RIDGE WEST

City

HOBE SOUND

FL

Zip Code

33455

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

Audrey Clark

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24

**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

TITLE **D** ☒ Delete
 NAME **CLARK, REED**
 STREET ADDRESS **FOUR ISLE RIDGE WEST**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Delete
 NAME **CLARK, AUDREY I**
 STREET ADDRESS **FOUR ISLE RIDGE WEST**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Delete
 NAME **CLARK, PETER**
 STREET ADDRESS **POST OFFICE BOX 416**
 CITY-ST-ZIP **AMBRIDGE PA 15002**

TITLE **D** ☐ Delete
 NAME **MOORE, SANDRA C**
 STREET ADDRESS **606 EAST DRIVE**
 CITY-ST-ZIP **SEWICKLEY PA 15143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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

Audrey Clark

4/24/01

CR2E037 (10/00)