

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005484

1. Entity Name

THE TNT FOUNDATION, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90054 027 ****61.25

Principal Place of Business

9853 TAMiami TRAIL NORTH, SUITE 227D
NAPLES FL 34108

Mailing Address

9853 TAMiami TRAIL NORTH, SUITE 227D
NAPLES FL 34108

2. Principal Place of Business

425 Germain Ave
Suite, Apt. #, etc.

3. Mailing Address

425 Germain Ave
Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-3541637

Applied For

Not Applicable

Zip

Country

34108 USA

Zip

Country

34108 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, DENNIS C
4501 TAMiami TRAIL NORTH, SUITE 200
NAPLES FL 34103

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

TITLE PD
NAME WAJNERT, THERESA A REV
STREET ADDRESS 8473 BAY COLONY CR
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE VSTD
NAME WAJNERT, THOMAS C
STREET ADDRESS 8437 BAY COLONY DR
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE D
NAME CHILTICK, RACHEL
STREET ADDRESS 6120 POPLAR SPRING DR
CITY-ST-ZIP NORCROSS GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VSTD
NAME Wajner, Thomas C
STREET ADDRESS 8473 Bay Colony Dr
CITY-ST-ZIP NAPLES FL 34108 ☒ Change ☐ Addition

TITLE D
NAME Chiltick, Rachel
STREET ADDRESS 25 Red Fox Lane
CITY-ST-ZIP Trumbull, CT 06611 ☒ Change ☐ Addition

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

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

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

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 #

CR2E037 (5/00)