

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005484

1. Entity Name

THE TNT FOUNDATION, INC.

Principal Place of Business

425 GERMAIN AVE
NAPLES FL 34108

Mailing Address

425 GERMAIN AVE
NAPLES FL 34108

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

59-3541637

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

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

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

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 NAME	PD WAJNERT, THERESA A REV	<input type="checkbox"/> Delete
STREET ADDRESS	8473 BAY COLONY DR	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	VSTD WAJNERT, THOMAS C	<input type="checkbox"/> Delete
STREET ADDRESS	8437 BAY COLONY DR	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	D CHITTICK, RACHEL	<input type="checkbox"/> Delete
STREET ADDRESS	6420 POPLAR SPRING DR	
CITY-ST-ZIP	NORCROSS GA	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8473 Bay Colony Drive	
CITY-ST-ZIP	Naples, FL 34108	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8473 Bay Colony Drive	
CITY-ST-ZIP	Naples FL 34108	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	25 Red Fox Lane	
CITY-ST-ZIP	Trumbull, CT 06611	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Thomas C Wajnert
TREASURER

Thomas C Wajnert
Treasurer

Date

Daytime Phone #

1/8/01

468
596 0157

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90034 013 ****61.25

010050



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)