

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005484**

1. Entity Name

THE TNT FOUNDATION, INC.**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90108 032 ****61.25

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

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

7. Name and Address of New Registered Agent

Name **Thomas C. Wajnert**Street Address (P.O. Box Number is Not Acceptable) **425 Germain Ave**City **Naples****FL**Zip Code **34108**

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)

1-29-02

DATE

FILE NOW: FEE IS \$61.259. 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** ☐ Delete
NAME **WAJNERT, THERESA A REV**
STREET ADDRESS **8473 BAY COLONY DR.**
CITY-ST-ZIP **NAPLES FL 34108**TITLE **VSTD** ☐ Delete
NAME **WAJNERT, THOMAS C**
STREET ADDRESS **8437 BAY COLONY DR**
CITY-ST-ZIP **NAPLES FL 34108**TITLE **D** ☐ Delete
NAME **CHITTICK, RACHEL**
STREET ADDRESS **25 RED FOX LANE**
CITY-ST-ZIP **TRUMBULL CT 06611**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)