

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90029 031 ****61.25

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

5150 N Tamiami Trail

Suite, Apt. #, etc.

Suite 304

City & State

Naples FL

Zip

34103

Country

USA

3. Mailing Address

5150 N Tamiami Trail

Suite, Apt. #, etc.

Suite 304

City & State

Naples FL

Zip

34103

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

**WAJNERT, THOMAS C
425 GERMAIN AVE
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

5150 N Tamiami Trail

Suite 304

City

Naples

FL

Zip Code

34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas C Wajnert

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 **CHITICK, RACHEL**
STREET ADDRESS **25 RED FOX LANE**
CITY-ST-ZIP **TRUMBULL CT 06611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

1/4/03

(239) 413 9212

CR2E037 (10/02)