

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

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

05-08-2003 90160 018 ****61.25

DOCUMENT # N98000005867

1. Entity Name

THE BECHTOLT PRIVATE FAMILY FOUNDATION, INC.



Principal Place of Business

**20818 DESERT SANDS DRIVE
SUN CITY WEST AZ 85375-5442**

Mailing Address

**20818 DESERT SANDS DRIVE
SUN CITY WEST AZ 85375-5442**

2. Principal Place of Business

20818 DESERT SANDS DR

3. Mailing Address

SAMH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUN CITY WEST, AZ

City & State

SAMH

Zip

85375

Country

USA

Zip

SAMH

Country

SAMH

4. FEI Number **86-0939356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FRANKLIN, RICHARD S ESQ.
STEEL, HECTOR & DAVIS LLP
3003 TAMiami TRAIL N., SUITE 300
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BECHTDLT, RICHARD L 20818 DESERT SANDS DR. SUN CITY W. AZ 85375	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BECHTDLT, NANCY C 20818 DESERT SANDS DR. SUN CITY W. AZ 85375	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAPEMTORST, HELEN B 547 W. SIERRA MADRE BLVD. SIERRA MADRE CA 91024	☐ 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

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
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 OF REGISTERED AGENT

5/1/03

623-584-7902

CR2E037 (10/02)