

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006807

1. Entity Name

COTTON FOUNDATION, INC.

Principal Place of Business

2113 CITRUS BLVD  
LEESBURG FL 34748

Mailing Address

2113 CITRUS BLVD  
LEESBURG FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3546645

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

COTTON, JAMES H  
2113 CITRUS BLVD  
LEESBURG FL 34748

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 PD  
NAME COTTON, JAMES H  
STREET ADDRESS 2113 CITRUS BLVD  
CITY-ST-ZIP LEESBURG FL 34748

Delete

TITLE VD  
NAME COTTON, GLENN E  
STREET ADDRESS 2113 CITRUS BLVD  
CITY-ST-ZIP LEESBURG FL 34748

Delete

TITLE TSD  
NAME COTTON, ROBERT V  
STREET ADDRESS 2113 CITRUS BLVD  
CITY-ST-ZIP LEESBURG FL 34748

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

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: *James H. Cotton 3/4/02 P.R.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-728-1800

Daytime Phone #

0055948

CF2E037 (9/01)