

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007383

1. Entity Name

THE ROSSMAN FAMILY FOUNDATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90065 005 ****61.25

Principal Place of Business
6355 METRO WEST BLVD
STE 330
ORLANDO FL 32835

Mailing Address
6355 METRO WEST BLVD
STE 330
ORLANDO FL 32835

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

59-3547581

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

CLIFFORD, MICHAEL ESQ.
LAW OFFICES OF LOWMEDES, DROSDICK, DOSTER
215 N. EOLA DRIVE
ORLANDO FL 32801

Name

Nancy A Rossman

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

6355 METROWEST BLVD STE 330

City

ORLANDO

FL

Zip Code

32835

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

Nancy A Rossman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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 ROSSMAN, NANCY A
STREET ADDRESS 6355 METROWEST BLVD., SUITE 330
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME ROSSMAN, RUTH J
STREET ADDRESS 6355 METROWEST BLVD., SUITE 330
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ROSSMAN, PAULA M
STREET ADDRESS 6355 METROWEST BLVD., SUITE 330
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Nancy A Rossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4/27/00 (407) 523-2323
Date Daytime Phone #

CR2E037 (9/99)