

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91331 030 ****61.25

DOCUMENT # N99000001008

1. Entity Name

THE SEEDLINGS FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1008 S PARK AVE

Suite, Apt. #, etc.

3. Mailing Address

1008 S PARK AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SANFORD FL

City & State
SANFORD FL

4. FEI Number
59-3558093

Applied For
Not Applicable

Zip
32771

Country

Zip
32771

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GRABLE, DOUGLAS L

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

1008 S PARK AVE

City

SANFORD

FL

Zip Code
32771

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

**FEE IS \$61.25
Initial or Amended UBR**

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUCKER, CECIL A II 23300 FT. CHRISTMAS RD PO BOX 345 CHRISTMAS FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT POWELL, ROBERT H JR 1008 S PARK AVE SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRABLE, DOUGLAS L 1008 S PARK AVE SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM MILROY, SEAN 1008 S PARK AVE SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARFIELD, J. OGLE 1008 S PARK AVE SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAJEUNESSE, KEVIN 126 TARRYTOWN TR LONGWOOD FL 32752

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SEAN MILROY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN MILROY

MAY 1 2002 407-321-6188

Date

Daytime Phone #

CR2E037B (12/01)