

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90279 029 *****61.25

DOCUMENT # N99000001387

1. Entity Name
LOUIS B. "BUCK" VOCELLE FOUNDATION, INC.



Principal Place of Business
**1849 25TH STREET
VERO BEACH FL 32960**

Mailing Address
**1849 25TH STREET
VERO BEACH FL 32960**

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 **65-0937711**

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

**BURTON, JANE P
1849 25TH STREET
VERO BEACH FL 32960**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, JANE P	
STREET ADDRESS	1849 25TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEID, COLETTE	
STREET ADDRESS	2040 EVA LANE	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEELER, CAROLYN	
STREET ADDRESS	655 21ST STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOCELLE, LUIS B JR	
STREET ADDRESS	3333 20TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> Delete ADD
NAME	KIM CHAPMAN	
STREET ADDRESS	1056 26 STREET	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNIE PICKERELL	
STREET ADDRESS	4235 15 STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY WEINERD	
STREET ADDRESS	8476 75 COURT	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNA KING TURNER	
STREET ADDRESS	1175 11 COURT SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONYA McDONALD	
STREET ADDRESS	521 7 LANE SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOLANDA LATTIMORE	
STREET ADDRESS	1175 9 COURT SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Secor	
STREET ADDRESS	1416 26th Court SW	
CITY-ST-ZIP	VERO BEACH, FL 32962	

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:

SIC **President** **04/08/2003** **772/569-2284**

CR2E037 (10/02)