

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 22, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000001395****1. Entity Name**
STIMPSON FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
3461 CREEKVIEW DR.	3461 CREEKVIEW DR.
BONITA SPRINGS FL 34134	BONITA SPRINGS FL 34134

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
65-0900897Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGOODMAN KENNETH D
3838 TAMiami TRAIL NO., STE.300NAPLES 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.**SIGNATURE** **01/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	D <input type="checkbox"/> Delete
NAME	STIMPSON MICHAEL G
STREET ADDRESS	3461 CREEKVIEW DR.
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	STIMPSON ROBERT D
STREET ADDRESS	3461 CREEKVIEW DR.
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	STIMPSON JOHN M
STREET ADDRESS	3461 CREEKVIEW DR.
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	STIMPSON KATHLEEN E
STREET ADDRESS	3461 CREEKVIEW DR.
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	D <input type="checkbox"/> Delete
NAME	STIMPSON JOHN G
STREET ADDRESS	3461 CREEKVIEW DR.
CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:** John G. Stimpson D 01/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)