

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003021

1. Entity Name

HOWARD & FRANCES VAUGHAN CHARITABLE FOUNDATION,

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90035 042 ****61.25

Principal Place of Business
1916 WINDING OAKS WAY
NAPLES FL 34109

Mailing Address
1916 WINDING OAKS WAY
NAPLES FL 34109

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Goodman & Breen
3838 Tamiami Tr. N.
Suite, Apt. #, etc.
300
City & State
Naples, FL
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3575644
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GOODMAN, KENNETH D
3838 TAMIAAMI TRAIL NORTH, SUITE 300
NAPLES FL 34103

7. Name and Address of New Registered Agent
Name
Goodman & Breen, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3838 Tamiami Tr. N., Suite 300
City
Naples FL Zip Code
34103

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 *Howard E. Vaughan* 8/8/2001
Name of Registered Agent and Title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAUGHAN, HOWARD E			NAME			
STREET ADDRESS	1916 WINDING OAKS WAY			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAUGHAN, FRANCES I			NAME			
STREET ADDRESS	1916 WINDING OAKS WAY			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, JILL			NAME			
STREET ADDRESS	26105 BUNDSCHU			STREET ADDRESS			
CITY-ST-ZIP	INDEPENDENCE MO 64056			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINKERTON, GLORIA			NAME			
STREET ADDRESS	3121 S. SLAUGHTER			STREET ADDRESS			
CITY-ST-ZIP	GRAIN VALLEY MO 64029			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIGELOW, MARCIA			NAME			
STREET ADDRESS	6328 RIDGEWAY COURT			STREET ADDRESS			
CITY-ST-ZIP	KANSAS CITY MO 64133			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Howard E. Vaughan* HOWARD E VAUGHAN 8/15/01

0013835

CR2E037 (5/01)