

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90058 030 ****61.25

DOCUMENT # N99000003678

1. Entity Name

THE BRIGHT FOUNDATION, INC.

Principal Place of Business

**11 GREEN LAKE CIRCLE
 LONGWOOD FL 32779**

Mailing Address

**11 GREEN LAKE CIRCLE
 LONGWOOD FL 32779**

2. Principal Place of Business

1421 Nottingham St

Suite, Apt. #, etc.

3. Mailing Address

1421 Nottingham St

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32803

Country

Zip

32803

Country

4. FEI Number

59-3581831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ICARDI, JEFFREY A
 237 LOOKOUT PLACE, STE.100
 MAITLAND FL 32751**

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	UNGARO, JAMES	
STREET ADDRESS	11 GREEN LAKE CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	UNGARO, GEORGIANA	
STREET ADDRESS	11 GREEN LAKE CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D, P, S, T	<input type="checkbox"/> Delete
NAME	KULMANN, CHARLES E	
STREET ADDRESS	1421 NOTTINGHAM STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, P, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D Keith McCracken	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1421 Nottingham St	
CITY-ST-ZIP	Orlando FL 32803	
TITLE	D Nancy Criswell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1421 Nottingham St	
CITY-ST-ZIP	Orlando FL 32803	
TITLE	D Susan Brantley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1421 Nottingham St.	
CITY-ST-ZIP	Orlando FL 32803	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2001

Date

407-862-6652

Daytime Phone #

CR2E037 (10/00)