2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPE

Mar 15, 2002 8:00 am DOCUMENT # N9900003678 **Secretary of State** 1. Entity Name THE BRIGHT FOUNDATION, INC. 03-15-2002 90015 034 ****70.00 Mailing Address Principal Place of Business 1421 NOTTINGHAM STREET 1421 NOTTINGHAM STREET ORLANDO FL 32803 3. Mailing Address 2. Principal Place of Business P.O. BOX 536909 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FE! Number Applied For City & State City & State 59-3581831 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 297 LOOKOUT PLACE, STE. 100. 549 Wymore Rd. , N. ICARDI, JEFFREY A MAITLAND FL 32751 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) **DPST** ☐ Addition The Change ☐ Delete TITLE TITLE KULMANN, CHARLES E NAMÉ STREET ADDRESS 1421 NOTTINGHAM STREET STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TITI E MCCRACKEN, KEITH NAME 1421 NOTTINGHAM STREET STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE Criswell, Nancy NAME NAME 1421 NOTTINGHAM STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 Change ☐ Addition ☐ Delete TITLE TITLE BRANTLEY, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 1421 NOTTINGHAM STREET CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32803 Addition TITLE Delete TITLE James Ungaro NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employeed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 ichanged, or on an attachment with an address, with all other like empowered.