

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0032766

02-04-2002 90023 047 ****61.25

DOCUMENT # N99000004551

1. Entity Name

NUZZO FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**800 OCEAN DR.
 JUNO BEACH FL 33408**

**800 OCEAN DR.
 JUNO BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

800 Ocean Dr.

800 Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 1101

APT 1101

City & State

City & State

JUNO BEACH, FL.

Juno Beach, FL.

Zip

Country

Zip

Country

33408

USA

33408

USA

4. FEI Number

22-3700343

Applied 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 Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NUZZO, SALVATORE J	
STREET ADDRESS	800 OCEAN DR. - APT. 1101	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUZZO, LUCILLE	
STREET ADDRESS	800 OCEAN DR. - APT. 1101	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUZZO, JAMES L	
STREET ADDRESS	361 COMMONWEALTH AVE.	
CITY-ST-ZIP	CHESTNUT HILL MA 02167	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUZZO, DAVID R	
STREET ADDRESS	1530 LOCUST ST. -APT 15B	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUZZO, THOMAS S	
STREET ADDRESS	409 LONDONDERRY RD.	
CITY-ST-ZIP	LUMBERTON NC 28358	
TITLE	D/VP	<input type="checkbox"/> Delete
NAME	NUZZO, DANA	
STREET ADDRESS	17 WATERING LANE	
CITY-ST-ZIP	NORWALK CT 06850	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUZZO, JAMES L	
STREET ADDRESS	361 Commonwealth Ave	
CITY-ST-ZIP	Chestnut Hill, MA 02467	
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		

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: *Salvatore J. Nuzzo* **NUZZO** **JAN 15, 2002** **561 627 5520**

CR2E037 (9/01)