

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000004687****1. Entity Name**
LYMPHEDEMA AWARENESS FOUNDATION, INC.

Principal Place of Business	Mailing Address
172 LAKESIDE CIRCLE	172 LAKESIDE CIRCLE
SANFORD FL 32773	SANFORD FL 32773

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
59-3604229Applied 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**CRAIG CAREY JOSEPHINE
172 LAKESIDE CIRCLESANFORD FL
32773 US

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 _____ **08/05/2001**
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****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33751	FL	32714
NAME	LONG	CHRIS	2668 MAC MULLEN BOOTH ROAD #1338	CLEARWATER	FL	33751	FL	32714
STREET ADDRESS								
CITY-ST-ZIP								
TITLE	D	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33594	FL	32714
NAME	MUNROE	STEPHANIE	406 SACRAMENTO ST	BALRICO	FL	33594	FL	32714
STREET ADDRESS								
CITY-ST-ZIP								
TITLE	DV	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32073	FL	32714
NAME	BRIDGEWATER	CANDACE	2095 S MYRTLE LANE	ORANGE PARK	FL	32073	FL	32714
STREET ADDRESS								
CITY-ST-ZIP								
TITLE	DP	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32773	FL	32714
NAME	CRAIG CAREY	JOSEPHINE	172 LAKESIDE CIRCLE	SANFORD	FL	32773	FL	32714
STREET ADDRESS								
CITY-ST-ZIP								
TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP				
NAME								
STREET ADDRESS								
CITY-ST-ZIP								
TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP				
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:** JOSEPHINE CRAIG CAREY PRES 08/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)