

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90142 039 ****61.25

DOCUMENT # N99000005377

1. Entity Name

RUTLEDGE CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

711 MANGROVE POINT RD
 SARASOTA FL 34242

711 MANGROVE POINT ROAD
 SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

1424 Westbrook Drive

1424 Westbrook Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Sarasota, FL 34231

City & State
 Sarasota, FL 34231

4. FEI Number
 65-0946333

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASSMAN, ALAN G ESQ.
 1245 COURT STREET
 SUITE 102
 CLEARWATER FL 33756

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

[Handwritten Signature] 1/23/02 ~~1/23/02~~

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D. RUTLEDGE, JOHN B 711 MANGROVE POINT RD. SARASOTA FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1424 Westbrook Drive Sarasota, FL 34231
<input type="checkbox"/> Delete	D. RUTLEDGE, JAMES C. 711 MANGROVE POINT RD. SARASOTA FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1424 Westbrook Drive SARASOTA, FL 34231
<input type="checkbox"/> Delete	D. SIMMONS, AMANDA R 4823 KENMORE DRIVE, N.W. WASHINGTON DC 20007	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02

CR2E037 (9/01)