

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90073 009 ****70.00

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DOCUMENT # N99000005770

1. Entity Name

GLOTFELTY FOUNDATION, INC.

Principal Place of Business

**1086 TRACE PLACE
 LAKELAND FL 33813**

Mailing Address

**1086 TRACE PLACE
 LAKELAND FL 33813**

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

58-3604473

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GLOTFELTY, EDWARD N
 2122 SYLVESTER COURT
 LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name **GloTFelty, Edward N**

Street Address (P.O. Box Number is Not Acceptable)

1086 Trace place

City **Lakeland**

FL

Zip Code **33813**

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 **D** ☐ Delete
 NAME **GLOTFELTY, JOHN W**
 STREET ADDRESS **2233 NOTTINGHAM RD.**
 CITY-ST-ZIP **LAKELAND FL 33803-3523**

TITLE **D** ☐ Delete
 NAME **GLOTFELTY, EDWARD N**
 STREET ADDRESS **2122 SYLVESTER CT.**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ Delete
 NAME **GLOTFELTY, BONNIE**
 STREET ADDRESS **2233 NOTTINGHAM RD.**
 CITY-ST-ZIP **LAKELAND FL 33803-3523**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)