2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 16, 2002 8:00 am Secretary of State DOCUMENT # N9900006754 GOLD MEDAL HONORS FOUNDATION, INC. 01-16-2002 90195 018 ****70.00 Principal Place of Business Mailing Address 38832 ILEX TRAIL 38832 ILEX TRAIL EUSTIS FL 32736 EUSTIS FL 32736 2. Principal Place of Business 3. Mailing Address 1572 N. Woodland Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Dehand, FL Applied For City & State City & State 4. FEI Number 59-3612368 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32720 Volu Sia Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Schwarz Lilu Street Address (P.O. Box Number is Not Acceptable) SCHWARZ, LILY 38832 ILEX TRAIL N. Woodland Blud. **EUSTIS FL 32736** Zip Code Dehand 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 or printed name of register agent and title if applicable Signature, type 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. (9/01) Addition Director Change PD TITLE TITLE Delete Harold L. Bennett SCHWARZ, LILY NAME NAME 1238 Ridgewood ave. STREET ADDRESS STREET ADDRESS 38832 ILEX TRAIL CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32736 **Addition** Change ۷D TITLE ☐ Delete TITLE NAME SCHWARZ, ADAM NAME Marketa Lovik STREET ADDRESS STREET ADDRESS 1055 Carter Rd 38832 ILEX TRAIL Deleon Springs, FL CITY-ST-ZIP CITY-ST-7IP EUSTIS FL 32736 TITLE ☐ Change TITLE ☐ Delete SCHWARZ, TERESA NAME NAME **Caafat** Taher 10600 Blumfield Drive # 233 STREET ADDRESS STREET ADDRESS 38832 ILEX TRAIL CITY-ST-ZIP CITY-ST-ZIP Orlando, RZ 32825 **EUSTIS FL 32736** Addition ☐ Change TITLE Delete NAME NAME Debbie Maxwell STREET ADDRESS STREET ADDRESS 1406 Alden St. Dehand, FL 32720 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition James E. Schwarz, NAME NAME 38832 Elex Trail STREET ADDRESS STREET ADDRESS Sustis, FL 32736 CITY-ST-ZIP CITY-ST-ZIP Director Elaine Stuttmen 205 Sandy Lane New Smyra Beach, FL **Addition** TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32168 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.

STERRITURE TO STERRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-785-0440