

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2001 8:00 am**  
**Secretary of State**

07-23-2001 90002 009 \*\*\*\*61.25

**DOCUMENT # N99000006856**

1. Entity Name

**THE KIMBERLY FOUNDATION, INC.**



Principal Place of Business

**1107 ROLLINGWOODS LANE  
 LAKELAND FL 33813**

Mailing Address

**1107 ROLLINGWOODS LANE  
 LAKELAND FL 33813**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1421 Commercial Pk Dr**

Suite, Apt. #, etc.

**Suite 6**

City & State

**Lakeland, FL**

Zip  
**33801**

Country

**Polk**

3. Mailing Address

**1421 Commercial Pk Dr**

Suite, Apt. #, etc.

**Suite 6**

City & State

**Lakeland, FL**

Zip

**33801**

Country

**Polk**

4. FEI Number

**59-3615678**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LAUDON, JAMES  
 1055 ROLLINGWOODS LANE  
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

**James Laudon**

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

**1107 ROLLINGWOODS LANE**

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**

**After September 12, 2001, min. will be \$236.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAUDON, JAMES</b>	
STREET ADDRESS	<b>1055 ROLLINGWOODS LANE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MUNDY, KENNETH</b>	
STREET ADDRESS	<b>932 HOLLINGSWORTH ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHARPE, JACK</b>	
STREET ADDRESS	<b>3911 POLK AVENUE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SPEED, JERRY</b>	
STREET ADDRESS	<b>5029 SHADY LAKE LANE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**NOT REQUIRED**

**7-17-01**

CR2E037 (5/01)