

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90189 029 ****61.25

DOCUMENT # N99000007251

1. Entity Name

DOROUGH LUPUS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**POST OFFICE BOX 100050
 PALM BAY FL 32910**

**POST OFFICE BOX 100050
 PALM BAY FL 32910**

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

59-3603524

Applied For

Not Applicable

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

**HERRING, ANGELA
 4690 CIASCOMB STREET, NORTHEAST #7
 PALM BAY FL 32905**

Name

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

4690 Lipscomb St, NE, #7

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOROUGH, HOWARD	
STREET ADDRESS	PO BOX 110176	
CITY-ST-ZIP	PALM BAY FL 32911-0176	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HERRING, ANGELA	
STREET ADDRESS	POST OFFICE BOX 110176 N/A	
CITY-ST-ZIP	PALM BAY FL 32911-0176	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOROUGH, JOHN	
STREET ADDRESS	PO BOX 110176	
CITY-ST-ZIP	PALM BAY FL 32911-0176	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOROUGH, PAULA	
STREET ADDRESS	PO BOX 110176	
CITY-ST-ZIP	PALM BAY FL 32911-0176	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOROUGH, HOKE	
STREET ADDRESS	PO BOX 110176	
CITY-ST-ZIP	PALM BAY FL 32911-0176	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOROUGH, POLLYANNA	
STREET ADDRESS	PO BOX 110176	
CITY-ST-ZIP	PALM BAY FL 32911-0176	

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	
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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:

Angela Herring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)