

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007555

1. Entity Name

THE S.C. BATTAGLIA FAMILY FOUNDATION, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-04-2000 90185 047 ****61.25

Principal Place of Business
 100 LINCOLN AVE.
 WINTER PARK FL 32789

Mailing Address
 P.O. BOX 3010
 WINTER PARK FL 32790-3010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 250 Park Ave. Suite, Apt. #, etc. Suite 630		3. Mailing Address Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State	
Zip 32789	Country Orange	Zip	Country
4. FEI Number 59-3614385		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BATTAGLIA, W.P. 100 LINCOLN AVE. WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 250 Park Ave. Suite 630 City Winter Park FL Zip Code 32789	
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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 _____ DATE 4/28/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEES ARE \$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 NAME STREET ADDRESS CITY-ST-ZIP	DC BATTAGLIA, S.C. P.O. BOX 3010 N/A WINTER PARK FL 32790-3010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Park Ave., Suite 630 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BATTAGLIA, W.P. P.O. BOX 3010 N/A WINTER PARK FL 32790-3010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Park Ave., Suite 630 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BATTAGLIA, R.E. P.O. BOX 3010 N/A WINTER PARK FL 32790-3010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Park Ave., Suite 630 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: W.P. Battaglia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000 407-622-1700

Date Daytime Phone #

CR2E037 (9/99)