

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007589

1. Entity Name

GRACIA B. LIVINGSTON FOUNDATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90481 041 ****61.25

Principal Place of Business

Mailing Address

800 N MAGNOLIA AVE. SUITE 900
 ORLANDO FL 32803

800 N MAGNOLIA AVE. SUITE 900
 ORLANDO FL 32803

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

59-3615446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILDER, CHARLES D
 1132 SYMONDS AVE
 WINTER PARK FL 32789

Name

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

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 Delete
 NAME D
 STREET ADDRESS LIVINGSTON, GRACIA B
 CITY-ST-ZIP 1125 COUNTRY CLUB DR
 ORLANDO FL 32804

TITLE Change Addition
 NAME D C
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS ZOLLER, LEWIS B
 CITY-ST-ZIP 6524 LANDINGS DR
 ORLANDO FL 32812

TITLE Change Addition
 NAME ZOLLER, LEWIS W.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS WAUGH, M FAYE
 CITY-ST-ZIP 930 GOLFSIDE DR
 WINTER PARK FL 32792

TITLE Change Addition
 NAME D T
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS DAVID, C CHRISTINE
 CITY-ST-ZIP 4675 CHULUOTA RD
 ORLANDO FL 32820

TITLE Change Addition
 NAME D VP
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS WILDER, CHARLES D
 CITY-ST-ZIP 4574 SAILBREEZE CT
 ORLANDO FL 32810-1924

TITLE Change Addition
 NAME D P S
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Charles D. Wilder
 CHARLES D. WILDER

4/18/00

407-644-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)