

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90280 028 \*\*\*\*61.25

**DOCUMENT # N99000007589**

1. Entity Name

**GRACIA BELLE LIVINGSTON FOUNDATION, INC.**

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	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>LIVINGSTON, GRACIA B</b>	
STREET ADDRESS	<b>1125 COUNTRY CLUB DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZOLLER, LEWIS W</b>	
STREET ADDRESS	<b>6524 LANDINGS DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>WAUGH, M FAYE</b>	
STREET ADDRESS	<b>930 GOLFSIDE DR</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>DAVID, C CHRISTINE</b>	
STREET ADDRESS	<b>4675 CHULUOTA RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32820</b>	
TITLE	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>WILDER, CHARLES D</b>	
STREET ADDRESS	<b>4574 SAILBREEZE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810-1924</b>	
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
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NAME		
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: \_\_\_\_\_

*Charles D. Wilder*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/28/02** **407-644-2216**

CR2E037 (9/01)