

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90133 012 ****61.25

DOCUMENT # N99000007589



1. Entity Name
GRACIA BELLE LIVINGSTON FOUNDATION, INC.

Principal Place of Business Mailing Address
800 N MAGNOLIA AVE. SUITE 900 **800 N MAGNOLIA AVE. SUITE 900**
ORLANDO FL 32803 **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**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE **DT** Change Addition
NAME **DEAN BOSCO**
STREET ADDRESS **WACHOVIA, PO BOX 1000**
CITY-ST-ZIP **Orlando, FL 32802**

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

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____ Change Addition
NAME _____
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** 1/20/03 407-644-2216

CR2E037 (10/02)