

**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)