

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06246

1. Entity Name

LAURA H. PETITO FOUNDATION INC.

Principal Place of Business

100 BEACH RD
502
TEQUESTA FL 33469

Mailing Address

10458 SEBANYAN WAY
TEQUESTA FL 33469

2. Principal Place of Business

10458 SEBANYAN WAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

TEQUESTA, FL

City & State

Zip

33469

Country

U.S.A.

Country

4. FEI Number

59-2536762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETITO, DAVID W.
10458 SE BANYAN WAY
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

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

TITLE CD ☐ Delete
NAME PETITO, DAVID W.
STREET ADDRESS 10458 SE BANYAN WAY
CITY-ST-ZIP TEQUESTA FL

TITLE D ☐ Delete
NAME PETITO, DR. FRANK A.
STREET ADDRESS 520 E. 70TH ST.
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ Delete
NAME PETITO, JOHN
STREET ADDRESS GENERAL DELIVERY BOX 75
CITY-ST-ZIP LUMBERVILLE PA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90025 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)