

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90041 025 ****61.25

DOCUMENT # P39803

1. Entity Name

THE GRANT FOUNDATION, INC.

Principal Place of Business

**1410 MAGELLAN DR
 SARASOTA FL 34243**

Mailing Address

**1410 MAGELLAN DR
 SARASOTA FL 34243
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **25-1017587**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMERMAN, PHILIP R.
 1900 RINGLING BOULEVARD
 SARASOTA FL 34236**

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 NAME STREET ADDRESS CITY-ST-ZIP | PD MELLON, GWEN GRANT 7990 15TH ST EAST SARASOTA FL 34243 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAWSON, IAN 6401 DARLINGTON RD PITTSBURGH PA 15217 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DERSTINE, PAUL 4551 LOWER BECKLEYSVILLE RD HAMPSTEAD MD 21074 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VPD WELLS, ROBERT E MD. 9 WESTCHESTER SQ. ATLANTA GA 30309-3594 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASTD DUNN, WILLIAM E 8466 N. LOCKWOOD RIDGE RD., #111 SARASOTA FL 34243 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SIMPSON, WILLIAM 525 WILLIAM PENN PLACE STE 3901 PITTSBURGH PA 15219-1709 | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASST SECRETARY, DIRECTOR GARNIER, NICOLE RUE SAPOTILLE #16 DESPREZ PORT-AU-PRINCE, HAITI | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER, DIRECTOR RAWSON, IAN 6401 DARLINGTON RD PITTSBURGH, PA 15217 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2ND VICE PRESIDENT, DIRECTOR GAUTIER, JACQUELINE P.O. BOX 1270 PORT-AU-PRINCE, HAITI | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR NORTHROP, ROBERT 307 W. GERMAN ST. SHEPHERDSTOWN, WV. 25443 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR DUNN, WILLIAM E. 3775 SWALLOWS NEST COURT #1 CLARKSTON, WA 99403 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASSISTANT TREASURER, DIR SIMPSON, WILLIAM 525 WILLIAM PENN PLACE STE 3901 PITTSBURGH, PA 15219-1709 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janh Rawson *Janh Rawson* 12 Feb 01 724.772.7206

CR2E037 (10/00)