

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90400 031 \*\*\*\*61.25

**DOCUMENT # P39803**

1. Entity Name

**THE GRANT FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**1410 MAGELLAN DR  
 SARASOTA FL 34243**

**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

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 **ASD** ☐ Delete  
 NAME **GARNIER, NICOLE**  
 STREET ADDRESS **RUE SAPOTILLE #16 DESPREZ**  
 CITY-ST-ZIP **PORT AU PRINCE, HAITI**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **BERGNER, RENEE M.D.**  
 STREET ADDRESS **134 PROSPECT PARKWAY**  
 CITY-ST-ZIP **BURLINGTON, VT 05401**

TITLE **TD** ☐ Delete  
 NAME **RAWSON, IAN**  
 STREET ADDRESS **6401 DARLINGTON RD**  
 CITY-ST-ZIP **PITTSBURGH PA 15217**

TITLE **1ST VP, DIRECTOR** ☒ Change ☐ Addition  
 NAME **GAUTIER, JACQUELINE M.D.**  
 STREET ADDRESS **P.O. BOX 1270**  
 CITY-ST-ZIP **PORT-AU-PRINCE, HAITI**

TITLE **SD** ☐ Delete  
 NAME **DERSTINE, PAUL**  
 STREET ADDRESS **4551 LOWER BECKLEYSVILLE RD**  
 CITY-ST-ZIP **HAMPSTEAD MD 21074**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **BRYANT, JOHN**  
 STREET ADDRESS **97 FALLS BROOK LANE**  
 CITY-ST-ZIP **MOSCOW, VT 05662**

TITLE **1VPD** ☐ Delete  
 NAME **WELLS, ROBERT E MD.**  
 STREET ADDRESS **9 WESTCHESTER SQ.**  
 CITY-ST-ZIP **ATLANTA GA 30309-3594**

TITLE **PRESIDENT, DIRECTOR** ☒ Change ☐ Addition  
 NAME **WELLS, ROBERT E.**  
 STREET ADDRESS **2530 PARKSIDE DR.**  
 CITY-ST-ZIP **ATLANTA, GA 30305**

TITLE **D** ☐ Delete  
 NAME **DUNN, WILLIAM E**  
 STREET ADDRESS **3775 SWALLOWS NEST COURT #1**  
 CITY-ST-ZIP **CLARKSTON WA 99403**

TITLE **ASST. TREAS., DIRECTOR** ☐ Change ☒ Addition  
 NAME **BERGQUIST, BRADLEY**  
 STREET ADDRESS **692 COURTLAND PLACE**  
 CITY-ST-ZIP **BURLINGTON, ONTARIO CANADA L7R 2M6**

TITLE **ATD** ☐ Delete  
 NAME **SIMPSON, WILLIAM**  
 STREET ADDRESS **525 WILLIAM PENN PLACE STE 3901**  
 CITY-ST-ZIP **PITTSBURG PA 15219-1709**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
 NAME **NORTHROP, ROBERT M.D.**  
 STREET ADDRESS **307 W. GERMAN ST**  
 CITY-ST-ZIP **SHEPHERDSTOWN, WV 25443**

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 #

✓ 28 May 02 1125211360

CR2E037 (9/01)