

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90141 043 ***150.00

DOCUMENT # P98000057893

1. Entity Name

THE KNIGHTLIGHT FOUNDATION, INC.

Principal Place of Business

10407 REAGAN'S RUN DR.
CLERMONT FL 34711

Mailing Address

10407 REAGAN'S RUN DR.
CLERMONT FL 34711

LU061108

2. Principal Place of Business

1795 E HWY 50

Suite, Apt. #, etc.

STE A

City & State

CLERMONT FL

Zip

34711

Country

3. Mailing Address

1795 E HWY 50

Suite, Apt. #, etc.

STE A

City & State

CLERMONT FL

Zip

34711

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3522636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGHAM, RAYMOND E JR
10429 BIG TREE COURT
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name **DAVID GARRICK JR**

Street Address (P.O. Box Number is Not Acceptable)

13201 PLUM LAKE CIRCLE

City

CLERMONT

FL

Zip Code

34711

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MOORE, DENNIS**
STREET ADDRESS **713 PARK VALLEY CIR**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☒ Delete
NAME **HIGHAM, RAYMOND E JR**
STREET ADDRESS **10429 BIG TREE COURT**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **DAVID GARRICK JR**
STREET ADDRESS **13201 PLUM LAKE CIRCLE**
CITY-ST-ZIP **CLERMONT, FL 34711**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)