

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90398 015 \*\*\*150.00

**DOCUMENT # P99000021569**

**1. Entity Name**  
**BULL FOUNDATION, INC.**

**Principal Place of Business**

**P.O. BOX 324**  
**SATSUMA FL 32189**

**Mailing Address**

**P.O. BOX 324**  
**SATSUMA FL 32189**

**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**

**59-3570571**

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**

**BOYLE, VICKIE G**  
**101 ST. JOHNS COURT**  
**SATSUMA FL 32189**

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

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☐ Delete  
**NAME** **BOYLE, HAWLEY J**  
**STREET ADDRESS** **P.O. BOX 324**  
**CITY-ST-ZIP** **SATSUMA FL 32189**

**TITLE** **DT** ☐ Change ☒ Addition  
**NAME** **Galloway, MARY LOUISE**  
**STREET ADDRESS** **142 Hiawatha Ct**  
**CITY-ST-ZIP** **East Palatka FL 32131**

**TITLE** **DP** ☐ Delete  
**NAME** **BOYLE GODWIN, MISTY**  
**STREET ADDRESS** **HCR3 BOX 898-CH**  
**CITY-ST-ZIP** **SATSUMA FL 32189**

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

**TITLE** **DS** ☐ Delete  
**NAME** **SHERIDAN, DIANE**  
**STREET ADDRESS** **P.O. BOX 705**  
**CITY-ST-ZIP** **E PALATKA FL 32131**

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

**TITLE** **DT** ☒ Delete  
**NAME** **KLEIN, MARYLOUISE**  
**STREET ADDRESS** **FIRST STREET BOX 581**  
**CITY-ST-ZIP** **SATSUMA FL 32189**

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

**TITLE** **D** ☐ Delete  
**NAME** **STUMBO, WANDA**  
**STREET ADDRESS** **755 S. HWY 17**  
**CITY-ST-ZIP** **SAN MATEO FL 32188**

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

**TITLE** **D** ☐ Delete  
**NAME** **GOODSON, DELORES M**  
**STREET ADDRESS** **RT 3 BOX 1475**  
**CITY-ST-ZIP** **SATSUMA FL 32189**

**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 like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-23-02 386-649-0485**

Date

Daytime Phone #

CR2E034 (9/01)