

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032019

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90147 027 ***150.00

1. Entity Name
SAN CARLOS TAE KWON DO, INC.

Principal Place of Business Mailing Address
8024 ALICO RD..ALICO PLAZA.B2 FT.MYERS FL 33912 **8024 ALICO RD..ALICO PLAZA.B2 FT.MYERS FL 33912**

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 **65-0911519** 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

FOANIO, SUSAN J
17408 BRADDOCK RD.
FT.MYERS FL 33912

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, RICHARD L	
STREET ADDRESS	17565 HOMEWOOD RD.	
CITY-ST-ZIP	FT.MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, JACK C	
STREET ADDRESS	P.O. BOX 1172	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZGERALD, JAMIE A	
STREET ADDRESS	20821 COCONUT DR.	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FOANIO, SUSAN S	
STREET ADDRESS	17408 BRADDOCK RD	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOUS, JAMES J	
STREET ADDRESS	11340 ZELLNER LANE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRADFORD, ALAN R	
STREET ADDRESS	18542 ROSEWOOD RD	
CITY-ST-ZIP	FORT MYERS FL 33912	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fitzgerald, Jamie A	
STREET ADDRESS	20821 Coconut Dr	
CITY-ST-ZIP	Estero FL 33928	
TITLE	Sec/Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foanio, Susan J.	
STREET ADDRESS	17408 Braddock Rd	
CITY-ST-ZIP	Ft Myers, FL 33912	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tous, James J.	
STREET ADDRESS	11340 Zehner Lane	
CITY-ST-ZIP	Fort Myers FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradford, Alan R	
STREET ADDRESS	18542 Rosewood Rd	
CITY-ST-ZIP	Ft Myers FL 33912	

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: Susan J. Foanio 4/16/01 941 267-4844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)