

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90027 008 \*\*\*\*61.25

**DOCUMENT # N00000003976**

1. Entity Name

**FLETCHER FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**381 GILCHRIST AVENUE  
 BOCA GRANDE FL 33921**

**POST OFFICE BOX 1411  
 BOCA GRANDE FL 33921**

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 **65-1033029**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLEIM, HOLGER D  
 150 SECOND AVENUE NORTH  
 SUITE 1100  
 ST. PETERSBURG FL 33701**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FLETCHER, ROBERT K</b>	
STREET ADDRESS	<b>POST OFFICE BOX 1411</b>	
CITY-ST-ZIP	<b>BOCA GRANDE FL 33921</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, JAMES</b>	
STREET ADDRESS	<b>209 2ND STREET</b>	
CITY-ST-ZIP	<b>LIVERPOOL NY 13088</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RILEY, JOHN K</b>	
STREET ADDRESS	<b>3966 AIRWAY CIRCLE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34622</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James R. Moore*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/29/02* Daytime Phone #: *(315) 451-6167*

CR2E037 (9/01)