

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90005 045 \*\*\*\*\*61.25

0084391

**DOCUMENT # N03947**

1. Entity Name

**EARTH FOUNDATION INC.**

Principal Place of Business

8380 ULMERTON ROAD  
#304  
LARGO FL 33771  
US

Mailing Address

8380 ULMERTON ROAD  
#304  
LARGO FL 33771  
US

2. Principal Place of Business

1715 Stickney Point Rd

3. Mailing Address

3412 CLARK RD.

Suite, Apt. #, etc.

A-1

Suite, Apt. #, etc.

PBM 113

City & State

Sarasota, FL

City & State

SARASOTA, FL

Zip

34231

Country

USA

Zip

34231

Country

USA

6. Name and Address of Current Registered Agent

SAMS, LAURIE B  
3844 BEE RIDGE ROAD  
SUITE 202  
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name Sams, Laurie B.

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

2815 Proctor Rd.

City Sarasota

FL

Zip Code 34231

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WADE, MICHAEL D.(EX. D)	
STREET ADDRESS	4110 GRAY STREET W	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAY, TIMOTHY S.	
STREET ADDRESS	111 21ST STREET SE	
CITY-ST-ZIP	RUSKIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADE, EDWARD J.	
STREET ADDRESS	4110 GRAY STREET W	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, MICHAEL D. (EX. D)	
STREET ADDRESS	3412 CLARK RD. #113	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAY, TIMOTHY S.	
STREET ADDRESS	1007 RIVER DR.	
CITY-ST-ZIP	RUSKIN, FL 33520	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benanno, Sharon	
STREET ADDRESS	5368 Colony Meadows Ln.	
CITY-ST-ZIP	Sarasota, FL 34233	
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		

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** *Sharon Benanno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-01 (941) 926-3383

Date Daytime Phone #

CR2E037 (10/00)