

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90092 035 ****61.25

DOCUMENT # N03947

1. Entity Name

EARTH FOUNDATION INC.

Principal Place of Business

Mailing Address

1715 STICKNEY POINT RD
 A1
 SARASOTA FL 34231
 US

3412 CLARK RD
 PBM 113
 SARASOTA FL 34231
 US

2. Principal Place of Business

3. Mailing Address

3412 Clark Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

-113

City & State

City & State

Sarasota, FL

Zip

Country

Zip

Country

34231

Sarasota

4. FEI Number

59-2972760

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

SAMS, LAURIE B
2815 PROCTOR RD
SARASOTA FL 34231

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	DELETED <input type="checkbox"/> Delete
NAME	WADE, MICHAEL D. (EX. D)
STREET ADDRESS	3412 CLARK RD. #113
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D <input type="checkbox"/> Delete
NAME	WAY, TIMOTHY S.
STREET ADDRESS	1007 RIVER DR
CITY-ST-ZIP	RUSKIN FL 33570
TITLE	D <input type="checkbox"/> Delete
NAME	WADE, EDWARD J.
STREET ADDRESS	4110 GRAY STREET W
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> Delete
NAME	BENANNO, SHARON
STREET ADDRESS	5368 COLONY MEADOWS LN
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonanno Sharon
STREET ADDRESS	3412 Clark Rd #159
CITY-ST-ZIP	Sarasota, FL 34231
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 Bonanno*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

941 922-5032
 Daytime Phone #

CR2E037 (9/01)