

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000001831**

1. Entity Name

FORESTER FAMILY FOUNDATION, INC.**FILED**
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90127 023 ****61.25

Principal Place of Business
1105 SOUTH RIO VISTA BLVD
FT LAUDERDALE FL 33316Mailing Address
1105 SOUTH RIO VISTA BLVD
FT LAUDERDALE FL 33316

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 **65-0939386**

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

ROGERS, ROMNEY C
1401 E BROWARD BLVD STE 300
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 \$61.259. 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	FORESTER, SAMUEL J JR	☐ Delete
NAME		1105 S RIO VISTA BLVD	
STREET ADDRESS		FT LAUDERDALE FL 33316	
CITY-ST-ZIP			
TITLE	D	FORESTER, JULIE F	☐ Delete
NAME		1105 S RIO VISTA BLVD	
STREET ADDRESS		FT LAUDERDALE FL 33316	
CITY-ST-ZIP			
TITLE	D	FORESTER, SAMUEL J III	☐ Delete
NAME		1105 S RIO VISTA BLVD	
STREET ADDRESS		FT LAUDERDALE FL 33316	
CITY-ST-ZIP			
TITLE	D	FORESTER, SHARRA J	☐ Delete
NAME		1105 S RIO VISTA BLVD	
STREET ADDRESS		FT LAUDERDALE FL 33316	
CITY-ST-ZIP			
TITLE	D	FORESTER, WHITNEY H	☐ Delete
NAME		1105 S RIO VISTA BLVD	
STREET ADDRESS		FT LAUDERDALE FL 33316	
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED
Samuel J Forester

CR2E037 (9/01)