

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90019 008 ****61.25

DOCUMENT # 749742

1. Entity Name

THE WILLIAM R. WATTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**%GREATON AND GREATON
 P.O. BOX 39238
 FORT LAUDERDALE FL 33339
 US**

**%GREATON AND GREATON
 P.O. BOX 39238
 FORT LAUDERDALE FL 33339
 US**

80020043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1971220

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREATON, WILSON B., JR.
 2601 E OAKLAND PARK BLVD
 SUITE 405
 FORT LAUDERDALE FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD	<input type="checkbox"/> Delete
NAME	SHACK, RUTH	
STREET ADDRESS	200 S BISCAYNE BLVD., #2780	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMSEY, HARVEY	
STREET ADDRESS	319 NE 23 TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOEHR, ALAN	
STREET ADDRESS	1037 S.E. 12 WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	WITT, LOUIS W. JR.	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., #102	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> Delete
NAME	MESA, JOSE A	
STREET ADDRESS	3250 S.W. 3RD AVE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREATON, WILSON B., JR.	
STREET ADDRESS	4510 N.E. 23RD AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKER, RICHARD G., JR.	
STREET ADDRESS	644 SE 5 Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALY, PAUL E.	
STREET ADDRESS	1880 NW 18 Street	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITT, LOUIS W., JR.	
STREET ADDRESS	2650 NE 37 Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33308	
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)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilson B. Greaton, Jr.
 President

1/18/02 954/561-0313

Date Daytime Phone #

CR2E037 (9/01)