2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91157 002 ****61.25

DOCUMENT # N00000000686

1. Entity Name

THE HAROLD LEE AND VERNITA RUTH MCEACHERN FAMILY

Principal Place of Business	Mailing Address
5129 CASTELLO DR. SUITE 1 NAPLES FL 34103	5129 CASTELLO DR. SUITE 1 NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

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 ☐ 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
STRAUSS, JEROME M 5129 CASTELLO DR, SUITE 1 NAPLES FL 34103	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DPS~~ DP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS ~~DIANA SUE~~ BEAN, DIANE SUE 3105 OLINDA TRAIL, BOX 585 LINDSTROM, MINNESOTA 55045 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT ROMOSER, CONNIE LEE 5129 CASTELLO DRIVE, STE 1 NAPLES, FL 34103 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRAUSS, JEROME M. 5129 CASTELLO DRIVE, STE 1 NAPLES, FL 34103 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLLMAN, EDWARD E. 5129 CASTELLO DRIVE, STE 1 NAPLES, FL 34103 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCEACHERN, HAROLD 12210 KELLY GREENS BLVD. #65 FORT MYERS, FL 33908 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCEACHERN, VERNITA 12210 KELLY GREENS BLVD. #65 FORT MYERS, FL 33908 ☐ Change ☐ Addition

CR2E037 (10/00)

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: Edward E. Wollman REQUIRED Edward E. Wollman 4/27/01 (941) 435-1533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment Doc # N00000002086

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN 01-0559821

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
THE HAROLD LEE AND VERNITA RUTH MCEACHERN FAMILY FOUNDATION, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
5129 CASTELLO DRIVE, STE. 1

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
NAPLES, FL 34103

5b City, state, and ZIP code

6 County and state where principal business is located
COLLIER, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
EDWARD E. WOLLMAN, DIRECTOR, SS# 149-46-3954

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☑ Other nonprofit organization (specify) ▶ family foundation (enter GEN if applicable)
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☑ Started new business (specify type) ▶ family foundation
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions): 2/2/2000

11 Closing month of accounting year (see instructions): 12/31

12 First date wages or annuities were paid or will be paid (month, day, year) **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* . . . ▶ N/A

13 Highest number of employees expected in the next 12 months **Note:** *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)* ▶

Nonagricultural	Agricultural	Household
-0-	-0-	-0-

14 Principal activity (see instructions) ▶ CHARITABLE GIVING

15 Is the principal business activity manufacturing? . . . ☐ Yes ☑ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ ☑ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . ☐ Yes ☑ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (941) 435-1533

Fax telephone number (include area code): (941) 435-1433

Name and title (Please type or print clearly.) ▶ Edward E. Wollman, Director

Signature ▶ Edward E. Wollman [signature] Date ▶ 4/27/01

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying