

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90227 036 \*\*\*\*61.25

**DOCUMENT # N28207**

1. Entity Name

**THE BERT FISH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**BERT FISH FOUNDATION  
 3  
 DELAND FL 32724  
 US**

**BERT FISH FOUNDATION  
 P. O. BOX 46 N/A  
 DELAND FL 32721-0046  
 US**

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

**59-3020772**

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**

**7. Name and Address of New Registered Agent**

**MCKINNON, NOAH C. JR.  
 595 WEST GRANADA BLVD., SUITE A  
 ORMOND BEACH FL 32074**

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

*Travis McQuinn*

**01/11/00**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>UNDERHILL, W AMORY</b>	
STREET ADDRESS	<b>145 N. GARFIELD AVE.</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHILDECKER, WILLIAM W.</b>	
STREET ADDRESS	<b>7 PLEASANT VIEW CIRCLE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, CARL</b>	
STREET ADDRESS	<b>300 TARRAGONA WAY</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>GILLINGHAM, FRANK G.</b>	
STREET ADDRESS	<b>HONTOON ROAD</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASTER, JOSEPH</b>	
STREET ADDRESS	<b>505 E NEW YORK AVE STE 3</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLER, I. MAURICE</b>	
STREET ADDRESS	<b>725 N. CHEROKEE AVENUE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director/Chairman</b>	<input checked="" 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	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice Director/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REID, ALICE C.</b>	
STREET ADDRESS	<b>418 BERWICK CIRCLE</b>	
CITY-ST-ZIP	<b>DELAND, FL 32724</b>	

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:

*ALICE C. REID*  
**ALICE C. Reid**

**01/11/00**

**904-734-2124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)