

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90059 042 ****61.25

0022551

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
 US

00003509



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

59-3020772

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

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

Noah C. Mckinnon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/01

**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	DC	<input type="checkbox"/> Delete
NAME	SCHILDECKER, WILLIAM W.	
STREET ADDRESS	7 PLEASANT VIEW CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, CARL	
STREET ADDRESS	300 TARRAGONA WAY	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GILLINGHAM, FRANK G.	
STREET ADDRESS	HONTOON ROAD	
CITY-ST-ZIP	DELAND FL	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	MASTER, JOSEPH	
STREET ADDRESS	505 E NEW YORK AVE STE 3	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	S	<input type="checkbox"/> Delete
NAME	REID, ALICE C	
STREET ADDRESS	418 BERWICK CIR	
CITY-ST-ZIP	DELAND FL 32724	
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
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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:

Alice C. Reid
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-01 904-734-2124

Date

Daytime Phone #

CR2E037 (10/00)