

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90002 034 \*\*\*\*61.25

**DOCUMENT # N31764**  
 1. Entity Name  
**THE FLORIDA LITERARY FOUNDATION, INC.**

Principal Place of Business      Mailing Address  
 1370 6TH ST.      P. O. BOX 2737  
 SUITE A      SARASOTA FL 34230-2737  
 SARASOTA FL 34236      US  
 US

00000201



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  
**65-0113881**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~POWERS, PATRICK  
 2516 RIDGE AVENUE  
 SARASOTA FL 34235~~

7. Name and Address of New Registered Agent  
 Name **ANNE WELLMAN**  
 Street Address (P.O. Box Number is Not Acceptable) **5084 Red oak Pl**  
 City **Bradenton**      **FL**      Zip Code **34207**

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 *Anne Wellman*  
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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>MCCLINTOCK, JANE</b>      |                                 |
| STREET ADDRESS | <b>725 RIVERSIDE DR. #7A</b> |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>           |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>POWERS, PATRICK</b>       |                                 |
| STREET ADDRESS | <b>2516 RIDGE AVE.</b>       |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>           |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>WELLMAN, ANNE</b>         |                                 |
| STREET ADDRESS | <b>5064 RED OAK PL.</b>      |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL 34207</b>    |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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)(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: *Anne Wellman*      **ANNE WELLMAN 01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)