

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N31764

FILED  
Sep 08, 2002  
Secretary of State

Entity Name: THE FLORIDA LITERARY FOUNDATION, INC.

**Current Principal Place of Business:**

1370 6TH ST.  
SUITE A  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2737  
SARASOTA, FL 34235 US

**New Mailing Address:**

FEI Number: 65-0113881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELLMAN, ANNE  
5084 RED OAK PL  
SARASOTA, FL 34235 US

**Name and Address of New Registered Agent:**

POWERS, MICHAEL  
1391 BLVD OF THE ARTS  
SARASOTA, FL 34236 US

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: MICHAEL POWERS      09/08/2002  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCCLINTOCK, JANE,  
Address: 725 RIVERSIDE DR. #7A  
City-St-Zip: NEW YORK, NY

Title: D ( ) Delete  
Name: POWERS, PATRICK,  
Address: 2516 RIDGE AVE.  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: WELLMAN, ANNE  
Address: 5064 RED VAK PL  
City-St-Zip: BRADENTON, FL 34207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SAVANI MARY,  
Address: 1900 S BELVOIR  
City-St-Zip: EUCLID, OH 44121

Title: D (X) Change ( ) Addition  
Name: POWERS, MICHAEL  
Address: 1391 BLVD OF THE ARTS  
City-St-Zip: SARASOTA, FL 34226

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL POWERS      D      09/08/2002  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date