

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90062 021 ****61.25

DOCUMENT # N32992

1. Entity Name

SNELL ISLE FOUNDATION, INC.

Principal Place of Business

POST OFFICE BOX 7053
 ST. PETERSBURG FL 33734-7053

Mailing Address

P.O. BOX 3542
 ST. PETERSBURG FL 33731
 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

59-2963930

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FLEECE, JOSEPH W.
109 BAY POINT DRIVE NE
ST PETERSBURG FL 33704

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	EVERTZ, MARY G	
STREET ADDRESS	101 APPIAN WAY NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FLEECE, JOSEPH W.	
STREET ADDRESS	109 BAY POINT DRIVE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOOREFIELD, HARRY M	
STREET ADDRESS	2036 BRIGHTWATERS BLVD NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREEN, JEANNINE	
STREET ADDRESS	949 31ST TERR NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
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	
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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: *Joseph W. Fleece*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 222-824-6169
 Date Daytime Phone #

CR2E037 (10/00)