

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N96000000987**

1. Entity Name

**THE WILLIAM J. VON LIEBIG FOUNDATION INC.**

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90099 002 \*\*\*\*61.25

|   |  |
|---|--|
| Principal Place of Business<br><b>8889 PELICAN BAY BLVD<br/>#403<br/>NAPLES FL 34108<br/>US</b> | Mailing Address<br><b>8889 PELICAN BAY BLVD<br/>#403<br/>NAPLES FL 34108-7512<br/>US</b> |
|---|--|



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<br><b>31-1470886</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**HAMILTON MANAGEMENT SERVICES, INC.  
1899 MISSION DR  
NAPLES FL 33942**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 |                                       | <input type="checkbox"/> Delete |
|----------------------------|---------------------------------------|---------------------------------|
| TITLE                      | <b>D</b>                              | <input type="checkbox"/> Delete |
| NAME                       | <b>GOGGINS, JEAN</b>                  |                                 |
| STREET ADDRESS             | <b>14383 BREEZEWAY PLACE</b>          |                                 |
| CITY-ST-ZIP                | <b>SAN DIEGO CA 92128</b>             |                                 |
| TITLE                      | <b>PD</b>                             | <input type="checkbox"/> Delete |
| NAME                       | <b>LIEGIG, SUZANNE</b>                |                                 |
| STREET ADDRESS             | <b>8889 PELICAN BAY BLVD, STE 403</b> |                                 |
| CITY-ST-ZIP                | <b>NAPLES FL 34108</b>                |                                 |
| TITLE                      | <b>VTD</b>                            | <input type="checkbox"/> Delete |
| NAME                       | <b>KANTER, BURTON ESQ</b>             |                                 |
| STREET ADDRESS             | <b>2 NORTH LA SALLE ST</b>            |                                 |
| CITY-ST-ZIP                | <b>CHICAGO IL 60602</b>               |                                 |
| TITLE                      | <b>VPD</b>                            | <input type="checkbox"/> Delete |
| NAME                       | <b>HAMILTON, LINDA</b>                |                                 |
| STREET ADDRESS             | <b>8889 PELICAN BAY BLVD, STE 403</b> |                                 |
| CITY-ST-ZIP                | <b>NAPLES FL 34108</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 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| 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:** SIGNATURE REQUIRED *[Signature]* 4/21/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)