

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90061 017 ****61.25

DOCUMENT # N97000000131

1. Entity Name

THE RICHARD WILBUR SOCIETY, INC.

Principal Place of Business

Mailing Address

**LETTERS COLLEGIUM - ECKERD COLLEGE
 4200 - 54TH AVENUE SOUTH
 ST. PETERSBURG FL 33711**

**LETTERS COLLEGIUM - ECKERD COLLEGE
 4200 - 54TH AVENUE SOUTH
 ST. PETERSBURG FL 33711-4744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3427163

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOKER, JEWEL S PROF
 LETTERS COLLEGIUM - ECKERD COLLEGE
 4200 - 54TH AVENUE SOUTH
 ST. PETERSBURG FL 33711**

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

Jewel S. Brooker *Jewel S. Brooker*

Feb 25, 2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP BROOKER, JEWEL S**
 STREET ADDRESS **501 68TH AVE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MICHELSON, BRUCE**
 STREET ADDRESS **ENGLISH DPT UNIV OF ILL 608 S WRIGHT ST**
 CITY-ST-ZIP **URBANA FL 61801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DST SONNENBURG, PAUL**
 STREET ADDRESS **5411 CAROLINA PLACE NW**
 CITY-ST-ZIP **WASHINGTON DC 20016-2525**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Jewel S. Brooker

Date

Daytime Phone #