

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000131

1. Entity Name

THE RICHARD WILBUR SOCIETY, INC.

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

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

Principal Place of Business LETTERS COLLEGIUM - ECKERD COLLEGE 4200 - 54TH AVENUE SOUTH ST. PETERSBURG FL 33711	Mailing Address LETTERS COLLEGIUM - ECKERD COLLEGE 4200 - 54TH AVENUE SOUTH ST. PETERSBURG FL 33711-4744
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3427163</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State				
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BROOKER, JEWEL S PROF</b> LETTERS COLLEGIUM - ECKERD COLLEGE 4200 - 54TH AVENUE SOUTH ST. PETERSBURG FL 33711				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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	<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKER, JEWEL S			NAME			
STREET ADDRESS	501 68TH AVE SOUTH			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33705			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHELSON, BRUCE			NAME			
STREET ADDRESS	ENGLISH DPT UNIV OF ILL 608 S WRIGHT ST			STREET ADDRESS			
CITY-ST-ZIP	URBANA FL 61801			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SONNENBURG, PAUL			NAME			
STREET ADDRESS	5411 CAROLINA PLACE NW			STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON DC 20016-2525			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 Jewel S. Brooker Feb. 25, 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #