

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90007 003 ****61.25

0075177

DOCUMENT # N20618

1. Entity Name

VAN WEZEL FOUNDATION, INC.

Principal Place of Business

**709 N. TAMiami TRAIL
SARASOTA FL 34236
US**

Mailing Address

**P. O. BOX 3434
SARASOTA FL 34230
US**

2. Principal Place of Business

777 N. Tamiami Trail

Suite, Apt. #, etc.

Sarasota FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

34236

Country

US

Zip

Country

4. FEI Number

59-2807055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DART, JOHN M.
1549 RINGLING BOULEVARD
SUITE 600
SARASOTA FL 34236**

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 **CD** ☐ Delete
NAME **PENDER, MICHAEL**
STREET ADDRESS **1605 MAIN STREET, STE 1100**
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ Delete
NAME **RICE, ERNEST F.**
STREET ADDRESS **700 JOHN RINGLING BLVD STE 2312**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ Delete
NAME **DART, JOHN M.**
STREET ADDRESS **1549 RINGLING BLVD.#600**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VCD** ☒ Delete
NAME **WOOD, ARTHUR M., JR.**
STREET ADDRESS **1515 RINGLING BLVD.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VCD** ☐ Change ☒ Addition
NAME **Philip A. Delaney, Jr.**
STREET ADDRESS **1515 Ringling Blvd.**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **VCD** ☐ Change ☒ Addition
NAME **David Truitt**
STREET ADDRESS **7352 Hawkins Road**
CITY-ST-ZIP **Sarasota, FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

941-366-2983