

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90032 032 ****61.25

DOCUMENT # N20618

1. Entity Name

VAN WEZEL FOUNDATION, INC.

Principal Place of Business

Mailing Address

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

**P. O. BOX 3434
SARASOTA FL 34230
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

59-2807055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DART, JOHN M.

1549 RINGLING BOULEVARD

SUITE 600

SARASOTA FL 34236

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **T - Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **Co-Chair** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **VCD** ☐ Delete
NAME **DELANEY, JR, PHILIP A**
STREET ADDRESS **1515 RINGLING BLVD.**
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE **VCD** ☐ Delete
NAME **TRUITT, DAVID**
STREET ADDRESS **7352 HAWKINGS ROAD**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **7352 Hawkins Road**
CITY-ST-ZIP **Correction**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Co-Chair**
STREET ADDRESS **Harvey Rothenberg**
CITY-ST-ZIP **433 Meadowlark Drive**
Sarasota, FL 34236

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

Ernest F. Rice 4/23/02 (941) 361-7501
Co-Chair

Date

Daytime Phone #

CR2E037 (9/01)