

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721924

1. Entity Name

JULE F. WOOD AND EDNA B. WOOD MEMORIAL FOUNDATION

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

04-21-2000 90125 022 ****61.25

Principal Place of Business

Mailing Address

2002 REDBRIDGE DR.
BRANDON FL 33511

2002 REDBRIDGE DR.
BRANDON FL 33503-0125

2. Principal Place of Business

14653 JOE SUMNER RD

3. Mailing Address

P O BOX 125

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WIMAUMA, FL

City & State
BALM, FL

4. FEI Number

51-0165183

Applied For

Not Applicable

Zip
33598

Country
HILLSBORO

Zip
33503

Country
HILLSBORO

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

BLEICH, DANIEL G.
2002 REDBRIDGE DR.
BRANDON FL 33511

Name

Street Address (P.O. Box Number is Not Acceptable)

14653 JOE SUMNER RD

City
WIMAUMA

FL

Zip Code
33598

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 *Daniel G. Bleich* DANIEL G BLEICH

4-13-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BLEICH, DANIEL
2002 REDBRIDGE DR.
BRANDON FL Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition
14653 JOE SUMNER RD
WIMAUMA, FL 33503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GRIFFIN, WOODROW L.
RT 2 BOX 1036 BRYAN RD
TAMPA FL Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEHMANN, BERT
19716 RHEASEE DR
LUTZ FL 33549 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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: *Daniel G. Bleich* DANIEL G. BLEICH

4-13-00

813-633-8280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)