

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766230

1. Entity Name

THE JANE AND STUART WATSON FOUNDATION, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90145 035 ****61.25

Principal Place of Business

Mailing Address

4505 SHORE LANE
P.O. BOX 1483
BOCA GRANDE FL 33921

4505 SHORE LANE
P.O. BOX 1483
BOCA GRANDE FL 33921-1483

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

22-2479998

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	PD	<input type="checkbox"/> Delete
NAME	WATSON, JANE P.	
STREET ADDRESS	4505 SHORE LANE	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOUJAIM, BETH ELLEN	
STREET ADDRESS	188 E 76TH ST, APT 10-C	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	DE CEW, SARAH WATSON	
STREET ADDRESS	8145 E CAMELBACK #318	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATSON, STEPHEN HARVEY	
STREET ADDRESS	14219 GREENVIEW DR	
CITY-ST-ZIP	LAUREL MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECEW, SARAH WATSON	
STREET ADDRESS	233 E. 77TH APT 1	
CITY-ST-ZIP	NYC, NY 10021	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, STEPHEN HARVEY	
STREET ADDRESS	PO BOX 156, 12870 BRIGHTON DAM RD	
CITY-ST-ZIP	CLARKSVILLE, MD 21029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sarah Watson DeCew RE SARAH DEW. DECEW 3/26/2000 (212) 396-1259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)