

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90374 023 ****61.25

DOCUMENT # 766322

1. Entity Name
WYOMING PHILANTHROPIC TRUST, INC.

Principal Place of Business Mailing Address
3001 TAMiami TRAIL NORTH, ROOM 207 **3001 TAMiami TRAIL NORTH ROOM 207**
NAPLES FL 34103 **NAPLES FL 33940**
US **US**



DO NOT WRITE IN THIS SPACE

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 Applied For
59-2290272 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERKOVICH, JOSEPH I
3001 TAMiami TRAIL N
#207
NAPLES FL 34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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	DPT	<input type="checkbox"/> Delete
NAME	COLLIER, BARRON G. III	
STREET ADDRESS	3001 TAMiami TRAIL N STE 207	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SIMPSON, WILLIAM L ESQ	
STREET ADDRESS	1135 14TH ST	
CITY-ST-ZIP	CODY WY 82414	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PERKOVICH, JOSEPH I	
STREET ADDRESS	3001 TAMiami TRAIL N STE 207	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barron G. Collier II	
STREET ADDRESS	3001 Tamiami Trail North, Suite 207	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa A. Collier	
STREET ADDRESS	3001 Tamiami Trail North, Suite 207	
CITY-ST-ZIP	Naples, FL 34103	
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: *Joseph I. Perkovich* **Joseph I. Perkovich** Sec 4/27/01 941-435-1122

CR2E037 (10/00)