

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812264

1. Entity Name

THE UNIVERSAL HARMONY FOUNDATION

Principal Place of Business

5903 SEMINOLE BLVD.
SEMINOLE FL 33772
US

Mailing Address

5903 SEMINOLE BLVD
SEMINOLE FL 33772-7334
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

23-7023625

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

CASTILLO, NANCY
5903 SEMINOLE BLVD
SEMINOLE FL 34642

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

NANCY Castillo

Nancy Castillo

Jan 17, 2000

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	P	<input type="checkbox"/> Delete
NAME	WILHEIM, JEANNE REV.	
STREET ADDRESS	3611 S. HESPERIDES	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMMERS, DIANE	
STREET ADDRESS	3303 W. ELLICOTT ST	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CASTILLO, NANCY -M	
STREET ADDRESS	5903 SEMINOLE BOULEVARD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILHELM, JEANNE H	
STREET ADDRESS	3611 SOUTH HESPERIDES	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUERNA DONNA	
STREET ADDRESS	2517 W HENRY AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENELL, OLIVIA E	
STREET ADDRESS	13671 PINECREST DR	
CITY-ST-ZIP	LARGO FL 33774	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Hewell, Olivia E. Rev.
STREET ADDRESS	13671 Pinecrest Dr.
CITY-ST-ZIP	Largo, FL 33774

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:

NANCY Castillo

NANCY Castillo

JAN 17, 2000

727-382-7725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)