

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91117 021 \*\*\*\*61.25

**DOCUMENT # N00000002593**

1. Entity Name

**THE ANDALL-FORBES FOUNDATION, INC.**

Principal Place of Business

827 S. SPRING GARDEN AVENUE  
DELAND FL 32720

Mailing Address

827 S. SPRING GARDEN AVENUE  
DELAND FL 32720

48813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3635938

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COOK, DONALD F  
1207 S. THOMPSON AVENUE  
DELAND FL 32720

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

*James Sabin*

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	PD	<input type="checkbox"/> Delete
NAME	FORBES, ERMA	
STREET ADDRESS	3210 GLENMEADOW TERRACE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOOD, KENNETH W	
STREET ADDRESS	700 INDIANA STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ANTHONY B	
STREET ADDRESS	% 120 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COOK, DONALD F	
STREET ADDRESS	1207 S. THOMPSON AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, TOREATHA M	
STREET ADDRESS	285 CYPRESS AVENUE	
CITY-ST-ZIP	OAK HILL FL 32759	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOOD, JULIE L	
STREET ADDRESS	745 WHITE STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

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 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:

**SIGNATURE REQUIRED**

*James Sabin*

35-252-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)