

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91350 007 ****61.25

0054839

DOCUMENT # N00000002832

1. Entity Name

THE WILLIAM AND PAULA ROGERS FOUNDATION, INC.

Principal Place of Business

**17441 S.E. CONCH BAR AVE.
TEQUESTA FL 33469**

Mailing Address

**17441 S.E. CONCH BAR AVE.
TEQUESTA FL 33469**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1041678

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROGERS, WILLIAM F JR
17441 S.E. CONCH BAR AVE.
TEQUESTA FL 33469**

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

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	D	<input type="checkbox"/> Delete
NAME	ROGERS, WILLIAM F JR	
STREET ADDRESS	17441 S.E. CONCH BAR AVE.	
CITY-ST-ZIP	TEQUESTA FL 33469	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, PAULA T	
STREET ADDRESS	17441 S.E. CONCH BAR AVE.	
CITY-ST-ZIP	TEQUESTA FL 33469	

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, LISA	
STREET ADDRESS	17441 S.E. CONCH BAR AVE.	
CITY-ST-ZIP	TEQUESTA FL 33469	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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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: William F. Rogers, Jr. **William F. Rogers, Jr. x 5/7/01 (561) 745-2118**

CR2E037 (10/00)