

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90037 028 ****61.25

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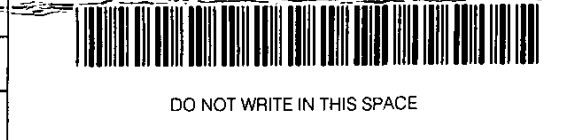
1. Entity Name
RAYMOND R. AND MARTHA G. WERNIG FOUNDATION, INC.

Principal Place of Business 4000 GULF SHORE BOULEVARD NORTH VILLA 2900 NAPLES FL 34103	Mailing Address 4000 GULF SHORE BOULEVARD NORTH VILLA 2900 NAPLES FL 34103
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 52-2254658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCARDLE, MICHAEL W
 850 PARK SHORE DRIVE
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **RAYMOND R. WERNIG**
 Street Address (P.O. Box Number is Not Acceptable) **4000 GULF SHORE BLVD N**
 City **VILLA 2900**
 City **NAPLES** FL Zip Code **34103**

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 *Raymond R. Wernig* **RAYMOND R. WERNIG** (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE *Raymond R. Wernig - President - 1/9/01*

**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	WERNIG, RAYMOND R
STREET ADDRESS	4000 GULF SHORE BOULEVARD NORTH #2900
CITY-ST-ZIP	NAPLES FL 34103
TITLE	D <input type="checkbox"/> Delete
NAME	WERNIG, MARTHA G
STREET ADDRESS	4000 GULF SHORE BOULEVARD NORTH #2900
CITY-ST-ZIP	NAPLES FL 34103
TITLE	D <input type="checkbox"/> Delete
NAME	WERNIG, R. MARK
STREET ADDRESS	730 RIDGECREST ROAD
CITY-ST-ZIP	AKRON OH 44303
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	
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: *Raymond R. Wernig* **RAYMOND R. WERNIG** PRESIDENT
 Signature and typed or printed name of signing officer or director. Date **9-1-01** Daytime Phone # **941-434-6932**

