

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90074 024 \*\*\*\*61.25

**DOCUMENT # N00000003902**

1. Entity Name

**RAYMOND R. AND MARTHA G. WERNIG FOUNDATION, INC.**

Principal Place of Business

Mailing Address

4000 GULF SHORE BOULEVARD NORTH  
 VILLA 2900  
 NAPLES FL 34103

4000 GULF SHORE BOULEVARD NORTH  
 VILLA 2900  
 NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-2254658**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WERNIG, RAYMOND R**  
**4000 GULF SHORE BLVD N**  
**VILLA 2900**  
**NAPLES FL 34103**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>WERNIG, RAYMOND R</b>
CITY-ST-ZIP	<b>4000 GULF SHORE BOULEVARD NORTH #2900</b>
	<b>NAPLES FL 34103</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>WERNIG, MARTHA G</b>
CITY-ST-ZIP	<b>4000 GULF SHORE BOULEVARD NORTH #2900</b>
	<b>NAPLES FL 34103</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>WERNIG, R. MARK</b>
CITY-ST-ZIP	<b>730 RIDGECREST ROAD</b>
	<b>AKRON OH 44303</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

941-434-6932

Daytime Phone #

CR2E037 (9/01)