

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-30-2001 90186 006 ****70.00

DOCUMENT # N00000004405

1. Entity Name

FORREST R. AND JOYCE F. WADDLE FOUNDATION, INC.

Principal Place of Business

1761 HICKORY GATE DR N
DUNEDIN FL 34698-2411

Mailing Address

1761 HICKORY GATE DR N
DUNEDIN FL 34698-2411

- 61779



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

59-3690370

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE SUITE 3000
MIAMI FL 33131

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	FORREST R. WADDLE	
STREET ADDRESS	1761 HICKORY GATE DR. N.	
CITY-ST-ZIP	DUNEDIN, FL 34698-2411	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JOYCE F. WADDLE	
STREET ADDRESS	1761 HICKORY GATE DR. N.	
CITY-ST-ZIP	DUNEDIN, FL 34698-2411	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	NANCY LYNN WADDLE	
STREET ADDRESS	10753 WEST BENTBOW PATH	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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
FORREST R. WADDLE

1/22/01

727-785-6578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)