

# 2002 UNIFORM BUSINESS REPORT (UBR)

0055468

DOCUMENT # N00000004405

1. Entity Name

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

Principal Place of Business

Mailing Address

1761 HICKORY GATE DR N  
DUNEDIN FL 34698-2411

1761 HICKORY GATE DR N  
DUNEDIN FL 34698-2411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3690370

Applied For

Not Applicable

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  
291 BRICKELL AVE SUITE 3000  
MIAMI FL 33131

Name

Forrest R. Waddle

Street Address (P.O. Box Number is Not Acceptable)

1761 Hickory Gate Dr. N.

City

Dunedin

FL

Zip Code  
34698

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.

34698-2411

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/02

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 PD ☐ Delete  
NAME WADDLE, FORREST R  
STREET ADDRESS 1761 HICKORY BATE DR. N.  
CITY-ST-ZIP DUNEDIN FL 34698-2411

TITLE ☐ Change ☐ Addition  
NAME 200005289632--9  
STREET ADDRESS -04/17/02--01049--011  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE D ☐ Delete  
NAME WADDLE, JOYCE F  
STREET ADDRESS 1761 HICKORY GATE DR. N  
CITY-ST-ZIP DUNEDIN FL 34698-2411

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WADDLE, NANCY L  
STREET ADDRESS 10753 WEST BENTBOW PATH  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Forrest R. Waddle

1/16/02 (727) 785-6578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)