

DOCUMENT # N00000005269

1. Entity Name
PETER WARRICK FOUNDATION, INC.

Principal Place of Business Mailing Address
10235 WEST SAMPLE ROAD SUITE 205 CORAL SPRINGS FL 33065

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

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

01-12-2001 90002 009 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1033971** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WARRICK, PETER
1419 6TH AVENUE EAST
PALMETTO FL 34321

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25 **\$70.00**
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D **WARRICK, PETER**
10235 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065
D **WILLIAMS, JOANNE**
10235 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065
D **HAIRSTON, MICHAEL**
10235 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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: **Joann Williams** **01/05/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)