

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90173 042 \*\*\*\*61.25

**DOCUMENT # NO1000008498**

1. Entity Name

**THE WILLIE B. ELLIS FOUNDATION INC.**

Principal Place of Business

**THE WILLIE B. ELLIS POINCE SUB STATION  
 1220 AVE D.  
 FT. PIERCE FL 34950**

Mailing Address

**THE WILLIE B. ELLIS POINCE SUB STATION  
 1220 AVE D.  
 FT. PIERCE FL 34950**

2. Principal Place of Business

**Willie B. ELLIS Police Substation**  
 Suite, Apt. #, etc.

3. Mailing Address

**1220 AVE D.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Fort Pierce, Florida**

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip  
**34950**

Country  
**St. Lucie**

Zip  
**34950**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELLIS, REGGAN  
 1101 N. 21ST. ST.  
 FT. PIERCE FL 34950**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ELLIS, REGGAN 1220 AVE. D FT. PIERCE FL 34950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV ELLIS, MAXY B 1220 AVE. D FT. PIERCE FL 34950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SMALL, DEBORAH 1220 AVE. D FT. PIERCE FL 34950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: Reggan Tella REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**426 02 47-0-460-2200**

Date Daytime Phone #

CR2E037 (9/01)