## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N01000008942 1. Entity Name 🔸

WET 'N WISE FOUNDATION, INC.

Principal Pla	ce of Business	Mailing Address	ulling Address						
ONE WEST ADAMS ST. 2ND FLOOR JACKSONVILLE FL 32202-3643		ONE WEST ADAMS ST. 2ND FLOOR JACKSONVILLE FL 32202-3643							
					1 (101)(0) 0)	   <b>86181</b> 11 <b>811 881</b> 11 8 <b>8</b> 211 8811 8		ir 818+8 (1811 (88)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN T		, =,=,=,	
City & State		City & State			4. FEI Number Applied For				
		0.1, 2 0.1.10			4. FEI Number Applied For 02-0572288 Not Applicable				
Zip Country		Zip Co		ountry	5. Certificate of Status Desired S8.75 Additional Fee Required		dditional		
	6. Name and Address of Curre	лt Registered Agent	<del></del> _		7. Name and Ad	dress of New Register			
		•		Name		<u></u>		<del></del>	
	ATION SERVICE COMPANY				Street Address (P.O. Box Number is Not Acceptable)				
	YS STREET								
FALLANA	SSEE FL 32301-2525			City			Zip Coo	de	
8 The above	named entity submits this statement	for the purpose of above				-	Zip Cod		
V	named entity submits this statement	tor the purpose of changi	ng its registe	erea omice o	or registered agent, or both, in	the state of Florida.			
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable	(NOTE: Ranista	red Aneni sions	ture required when reinstating)				
			(HOTE: Hagisto		nore required when reinstating)	DA*	it-		
ı	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 I	DIRECTORS	11	<del></del>	ADDITIONS/CHANG	ES TO OFFICERS AND	DIDECTORS	110	
TITLE		☐ Delete			P/D	ES TO OFFICERS AND	Change	Addition	
NAME			NA	ME	Drew Randal F	<u>e.</u>	change	Abdition	
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS	One West Adams	Street 2nd	Floor	2.,	
TITLE				Y-ST-ZIP	Jacksenville,	TL 32202			
NAME		☐ Delete	TITI NAJ		V/S/D Griggs Cuon D	lutahoaan	☐ Change	Addition	
STREET ADDRESS				REET ADDRESS	Griggs, Gwen H One West Adams		l Place	İ	
CITY-ST-ZIP			CIT	Y-ST-ZIP	Jacksonville,		LIOOL		
TITLE		☐ Delete	TITE	E <b>F</b>	<b>₩</b> /D	· - · · · · · · · · · · · · · · · · · ·	☐ Change		
NAME			NAM		Goldman, Natha	n D.		<b></b>	
STREET ADDRESS CITY-ST-ZIP	1			EET ADDRESS	One West Adams	Street, 2nd	Floor		
TITLE				Y-ST-ZIP	Jacksonville,	FL 32202			
NAME		☐ Delete	TITL NAM	j	T		☐ Change	Addition	
STREET ADDRESS				EET ADDRESS	Barkley, Andy	Ctucht 2-3			
CITY-ST-ZIP	<u> </u>			r-ST-ZIP	One West Adams Jacksonville,	FI, 32202	r.Tool		
TITLE		☐ Delete	TITL	E		-1 02202	☐ Change	☐ Addition	
NAME		23/9/8	NAM				□ change		
STREET ADDRESS			STR	EET ADDRESS				ļ	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY	-ST-ZIP	,	_			
TITLE NAME		☐ Delete	TITL	E			☐ Change	☐ 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: WWW.

STREET ADDRESS

CITY-ST-ZIP

904 5986684

**FILED** 

05-08-2002 90128 043 \*\*\*\*61.25

May 08, 2002 8:00 am Secretary of State