

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90823 015 *****61.25

DOCUMENT # N02000004111

1. Entity Name

DOUGLAS & DERROLYN WATSON FOUNDATION, INC.



Principal Place of Business

**1820 SW 96TH TERRACE
MIRAMAR FL 33025**

Mailing Address

**% P.O. BOX 571137
MIAMI FL 33257-1137**

2. Principal Place of Business

1820 SW 96TH TERRACE

3. Mailing Address

P.O. BOX 571137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIAMI FL

4. FEI Number **65-1088003**

Applied For

☒ Not Applicable

Zip

33025

Country

U.S.A.

Zip

33257

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, MARY
6033 N.W. 6TH CT
MIAMI FL 33127**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WATSON, DOUGLAS**
STREET ADDRESS **1820 SW 96TH TERRACE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **SD** ☐ Delete
NAME **CRAWFORD, ANNETTE**
STREET ADDRESS **1820 S.W. 96TH TERRACE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **TD** ☒ Delete
NAME **CURRIE, DANIEL**
STREET ADDRESS **1820 SW 96TH TERRACE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **TD** ☒ Change ☒ Addition
NAME **Rubylett SCOTT**
STREET ADDRESS **19701 NW 5th Ct.**
CITY-ST-ZIP **Miami FL 33169**

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

TITLE ☐ Change ☐ Addition
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: **DERROLYN WATSON**

4/30/03

CR2E037 (10/02)