

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03218

1. Entity Name

HAYWOOD FOUNDATION, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90166 050 ****61.25

Principal Place of Business

Mailing Address

C/O OLIVER G. HAYWOOD
5585 LAS BRISAS DRIVE
VERO BCH FL 32967
US

C/O OLIVER G. HAYWOOD
5585 LAS BRISAS DRIVE
VERO BEACH FL 32967
US

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

23-7028521

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

HAYWOOD, OLIVER G.
5585 LAS BRISAS DRIVE
VERO BEACH FL 32967

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 DPT
NAME HAYWOOD, OLIVER G.
STREET ADDRESS 5585 LAS BRISAS DRIVE
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE DV
NAME HAYWOOD, ROBERT C
STREET ADDRESS 31251 EAGLE CREST LANE
CITY-ST-ZIP EVERGREEN CO ☐ Delete

TITLE DS
NAME HAYWOOD, BARBARA A.
STREET ADDRESS 5585 LAS BRISAS DRIVE
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE D
NAME HAYWOOD, MARIALYS G
STREET ADDRESS 31251 EAGLE CREST LANE
CITY-ST-ZIP EVERGREEN CO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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.

SIGNATURE: *Barbara A. Haywood* BARBARA A HAYWOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 561-563-2997

Date

Daytime Phone #

CR2E037 (9/01)