

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12994

1. Entity Name

THE BETTY WILLIAMS FOUNDATION, INC.

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91202 020 ****70.00

Principal Place of Business

Mailing Address

% JACQUELYN WILLIAMS CAOLO
 131 E. WOODLAND DR.
 SANFORD FL 32773

% JACQUELYN WILLIAMS CAOLO
 131 E. WOODLAND DR.
 SANFORD FL 32773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2804096

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAOLO, JACQUELYN WILLIAMS
 131 E. WOODLAND DR.
 SANFORD FL 32771

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME DCS
 STREET ADDRESS CAOLO, JACK PATTON
 CITY-ST-ZIP 2833 OVER ST
 DALLAS TX 75205

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS ~~DYER ST. 2833~~ DYER ST.
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS CAOLO, JACQUELYN W.
 CITY-ST-ZIP 131 E. WOODLAND DR.
 SANFORD FL 32773

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

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS DODDRIDGE, AMY
 CITY-ST-ZIP 2536 MOHAWK AVENUE
 SANFORD FL 32773

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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:

Signature of Jack P. Caolo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK P. CAOLO

MAY 31, 2002

214-769-2002

Date

Daytime Phone #

CR2E037 (9/01)