

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16565

1. Entity Name

ECKERD FAMILY FOUNDATION, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90115 035 \*\*\*\*61.25

Principal Place of Business	Mailing Address
100 N. STARCREST DR. CLEARWATER FL 33765 US	P. O. BOX 5165 CLEARWATER FL 33758-5165 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2803659	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMOUT, L. R. 100 N. STARCREST DR. CLEARWATER FL 33765	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	D
NAME	ECKERD, JACK M.	NAME	
STREET ADDRESS	100 N. STARCREST DR.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ECKERD, RUTH B.	NAME	
STREET ADDRESS	100 N. STARCREST DR.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	HART, NANCY E.	NAME	
STREET ADDRESS	100 N. STARCREST DR.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	SMOUT, LES	NAME	
STREET ADDRESS	100 N. STARCREST DR.	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	CITY-ST-ZIP	
TITLE	V	TITLE	P
NAME	CLARK, JOE	NAME	
STREET ADDRESS	100 N. STARCREST	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED 1/05/00 727/461-1524

CR2E037 (9/99)