

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**  
 05-16-2002 90032 032 \*\*\*\*61.25

**DOCUMENT # N20618**

1. Entity Name

**VAN WEZEL FOUNDATION, INC.**

Principal Place of Business

777 N. TAMiami TRAIL  
 SARASOTA FL 34236  
 US

Mailing Address

P. O. BOX 3434  
 SARASOTA FL 34230  
 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

**59-2807055**

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

**DART, JOHN M.**

**1549 RINGLING BOULEVARD**

**SUITE 600**

**SARASOTA FL 34236**

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 **CD** ☐ Delete  
 NAME **PENDER, MICHAEL**  
 STREET ADDRESS **1605 MAIN STREET; STE 1100**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **T - Treasurer** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **RICE, ERNEST F.**  
 STREET ADDRESS **700 JOHN RINGLING BLVD STE 2312**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE **Co-Chair** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☒ Delete  
 NAME **DART, JOHN M.**  
 STREET ADDRESS **1549 RINGLING BLVD. #600**  
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **VCD** ☐ Delete  
 NAME **DELANEY, JR, PHILIP A**  
 STREET ADDRESS **1515 RINGLING BLVD.**  
 CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE **VCD** ☐ Delete  
 NAME **TRUITT, DAVID**  
 STREET ADDRESS **7352 HAWKINGS ROAD**  
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **7352 Hawkins Road**  
 CITY-ST-ZIP **Correction**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **Co-Chair**  
 STREET ADDRESS **Harvey Rothenberg**  
 CITY-ST-ZIP **433 Meadowlark Drive**  
**Sarasota, FL 34236**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Ernest F. Rice** 4/23/02 (941) 361-7501  
**Co-Chair**

Date

Daytime Phone #

CR2E037 (9/01)