

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90016 037 ****61.25

DOCUMENT # N22110

1. Entity Name

BILLIE J. MINOR FOUNDATION, INC.

Principal Place of Business

P. O. BOX 15699
W. PALM BCH. FL 33416
US

Mailing Address

P. O. BOX 15699
W. PALM BCH. FL 33416
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

65-0069048

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

MINOR, WILLIAM H JR
1701 MANGO CIRCLE
LAKE CLARKE SHORES FL 33406

Name

Street Address (P.O. Box Number is Not Acceptable)

4196 FOX TRACE
BOYNTON BEACH
City FL Zip Code **33436**

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]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
WILLIAM H MINOR JR
(NOT: Registered Agent signature required when reinstating)

4-27-01
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	PCD	<input type="checkbox"/> Delete
NAME	MINOR, WILLIAM H JR	
STREET ADDRESS	1701 MANGO CIRCLE	
CITY-ST-ZIP	LAKE CLARKE SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, J. RICHARD	
STREET ADDRESS	450 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINOR, DERRICK P	
STREET ADDRESS	1701 MANGO CIRCLE	
CITY-ST-ZIP	LAKE CLARKE SHORES FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MINOR, KATHLEEN J	
STREET ADDRESS	1701 MANGO CIRCLE	
CITY-ST-ZIP	LAKE CLARKE SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, SHANNON M	
STREET ADDRESS	1701 MANGO CIRCLE	
CITY-ST-ZIP	LAKE CLARKE SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINOR, WILLIAM H III	
STREET ADDRESS	1701 MANGO CIRCLE	
CITY-ST-ZIP	LAKE CLARKE SHORES FL	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4196 FOX TRACE
CITY-ST-ZIP	BOYNTON BEACH FLA 33436
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4196 FOX TRACE
CITY-ST-ZIP	BOYNTON BEACH FLA 33436
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **WILLIAM H MINOR JR** **4-27-01** **561580-0515**

CR2E037 (10/00)

C0070537



DO NOT WRITE IN THIS SPACE