2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N22641 Feb 03, 2000 8:00 am 1. Entity Name **Secretary of State** THOMAS W. FORREST FOUNDATION, INC. 02-03-2000 90004 014 ****61.25 Principal Place of Business Mailing Address 1301 SIXTH AVE. W. #600 1301 SIXTH AVE. W. #600 **BRADENTON FL 34205 BRADENTON FL 34205-7440** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0039416 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHOEMAKE, JACK, L 6908 ARBOR OAKS COURT **BRADENTON FL 34209** City 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE TITLE ☐ Delete FORREST, ROBERT REECE NAME NAME STREET ADDRESS 12114 PINE LILLY PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34203 Change ☐ Addition PD ☐ Delete TITLE TITLE SHOEMAKE, JACK L. NAME NAME STREET ADDRESS STREET ADDRESS 6908 ARBOR OAKS COURT CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Change ☐ Addition ٧D TITLE ☐ Delete TITLE MILLS.F. VIRGIL NAME NAME STREET ADDRESS STREET ADDRESS 3304 7TH ST. CIR.W CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Change ☐ Addition TITI F TITLE ☐ Delete FORREST, JACQUELYN R. NAME NAME STREET ADDRESS 12114 PINE LILLY PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Change ☐ Addition TITLE ☐ Delete NAME FORREST, DORIS A. NAME STREET ADDRESS STREET ADDRESS 1503 10TH AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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

Davtime Phone #