

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90028 030 ****61.25

DOCUMENT # N22641

1. Entity Name

THOMAS W. FORREST FOUNDATION, INC.

Principal Place of Business

1301 SIXTH AVE. W. #600
 BRADENTON FL 34205

Mailing Address

1301 SIXTH AVE. W. #600
 BRADENTON FL 34205

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 **65-0039416**

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

SHOEMAKE, JACK, L
6908 ARBOR OAKS COURT
BRADENTON FL 34209

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

01-29-01

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 **D** ☐ Delete
 NAME **FORREST, ROBERT REECE**
 STREET ADDRESS **11214 PINE LILLY PLACE (11214)**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☒ Change ☐ Addition
 NAME **11214 Pine Lilly Place**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **SHOEMAKE, JACK L.**
 STREET ADDRESS **6908 ARBOR OAKS COURT**
 CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE **VD** ☐ Delete
 NAME **MILLS, F. VIRGIL**
 STREET ADDRESS **3304 7TH ST. CIR. W**
 CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **D** ☐ Delete
 NAME **FORREST, JACQUELYN R.**
 STREET ADDRESS **11214 PINE LILLY PLACE**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☒ Change ☐ Addition
 NAME **11214 Pine Lilly Place**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FORREST, DORIS A.**
 STREET ADDRESS **1503 10TH AVENUE WEST**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☒ Change ☐ Addition
 NAME **Palmetto, FL 34221**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01

Date

Daytime Phone #

CR2E037 (10/00)