

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32992

1. Entity Name

SNELL ISLE FOUNDATION, INC.

Principal Place of Business

POST OFFICE BOX 7053  
ST. PETERSBURG FL 33734-7053

Mailing Address

P.O. BOX 3542  
ST. PETERSBURG FL 33731  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FLEECE, JOSEPH W.  
109 BAY POINT DRIVE NE  
ST PETERSBURG FL 33704

7. Name and Address of New Registered Agent

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

TITLE DP  
NAME EVERTZ, MARY G  
STREET ADDRESS 101 APPIAN WAY NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Delete

TITLE DS  
NAME FLEECE, JOSEPH W.  
STREET ADDRESS 109 BAY POINT DRIVE NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Delete

TITLE VD  
NAME MOOREFIELD, HARRY M  
STREET ADDRESS 2036 BRIGHTWATERS BLVD NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Delete

TITLE TD  
NAME GREEN, JEANNINE  
STREET ADDRESS 949 31ST TERR NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

4/9/01

Date

727-824-6169

Daytime Phone #

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90062 021 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2963930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)