

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36659

1. Entity Name
THE WILL MCLEAN FOUNDATION, INC.

Principal Place of Business
**12088 PALMETTO CT
DUNNELLON FL 34430
US**

Mailing Address
**P. O. BOX 3435
DUNNELLON FL 34430
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

59-2997497

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

**LONGHILL, MARGARET
12088 PALMETTO CT
DUNNELLON FL 34432**

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 **D** ☐ Delete
NAME **DINELLA, MARY ANN**
STREET ADDRESS **7507 HANNA AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **DP** ☐ Delete
NAME **LONGHILL, MARGARET**
STREET ADDRESS **PO BOX 3435 N/A**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **DS** ☐ Delete
NAME **THOMAS, FRANK**
STREET ADDRESS **P O BOX 1271 NA**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **DT** ☐ Delete
NAME **HOFFMAN, ROSEMARY**
STREET ADDRESS **10140 LYNHAVEN DRIVE**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **DV** ☐ Delete
NAME **TODD, BARBARA SHEEN**
STREET ADDRESS **1934 ARROWHEAD DR**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90007 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)