

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36659

1. Entity Name

THE WILL MCLEAN FOUNDATION, INC.

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90165 014 ****61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME DT
STREET ADDRESS CONNORS, NIKKI
CITY-ST-ZIP 20232 Palmetto Ln.
Dunnellon, FL. 34432

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

TITLE ☐ Change ☐ Addition
NAME
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:

Margaret Longhill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02 (352)
489-3766

CR2E037 (9/01)