

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46180

1. Entity Name

FRANCES PEW HAYES FAMILY FOUNDATION, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90080 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1342 COLONIAL RD  
STE 11  
FT MEYERS FL 33904  
US

1342 COLONIAL RD  
STE 11  
FT MEYERS FL 33904  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL Myers

City & State

FL Myers

4. FEI Number

65-0297367

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WESTMAN, CARL E. ESQUIRE  
5551 RIDGEWOOD DR  
STE 101  
NAPLES FL 34108

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 PD  
NAME HAYES, FRANCES PEW  
STREET ADDRESS 3067 LANCASTER DR #4  
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

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

TITLE VD  
NAME BLACK, HOWARD P J  
STREET ADDRESS 4287 SNOWBERRY LANE  
CITY-ST-ZIP NAPLES FL 34115 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 5125 Kensington High Street  
CITY-ST-ZIP Naples, FL 34105 ☒ Change ☐ Addition

TITLE TD  
NAME SOLOMON, GENE R.  
STREET ADDRESS 6747 DANAH COURT  
CITY-ST-ZIP FORT MYERS FL ☐ Delete

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

TITLE SD  
NAME WESTMAN, CARL E. ESQUIRE  
STREET ADDRESS 1952 CRAYTON ROAD  
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

*Signature of Howard P. Black* Vice-President 3/22/00 (941) 939-5303

CR2E037 (9/99)