

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90155 042 \*\*\*\*61.25

**DOCUMENT # N93000005381**

1. Entity Name

**WILDWOOD FOUNDATION, INC.**

Principal Place of Business

**280 ESTRELLITA DR  
FT MYERS BCH FL 33931  
US**

Mailing Address

**PO BOX 2552  
FT MYERS BCH FL 33932  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**16-1449958**

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

**SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
STE. 300  
FT. MYERS FL 33919**

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 **HALL, RICHARD S**  
CITY-ST-ZIP **280 ESTRELLITA DR  
FT MYERS BCH FL 33931**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HALL, RICHARD S JR**  
CITY-ST-ZIP **280 ESTRELLITA DR  
FORT MYERS BEACH FL 33931**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **RICHARD S. HALL JR**  
CITY-ST-ZIP **4356 FALCON CREST  
FLOWERY BRANCH GA 30542**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DITCH, DENNIS E**  
CITY-ST-ZIP **COUNTY RD #40  
BLOOMFIELD NY**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FOX, P R**  
CITY-ST-ZIP **135 CORPORATE WOODS, SUITE 300  
ROCHESTER NY 14623**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **MIRABELLA, JANICE I**  
CITY-ST-ZIP **280 ESTRELLITA DR  
FT MYERS BCH FL 33931**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HALL, WILLIAM R**  
CITY-ST-ZIP **5590 HIDDEN HARBOR TRAIL  
GAINESVILLE GA 30504**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **WILLIAM R. HALL**  
CITY-ST-ZIP **4356 FALCON CREST  
FLOWERY BRANCH GA 30542**

12. I hereby certify that the information furnished 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 #

**4/30/01**

**941-463-5820**

CR2E037 (10/00)