

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90436 001 \*\*\*61.25

DOCUMENT # **N93000005381**

1. Entity Name

**Wildwood Foundation, Inc** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**280 Estrellita Dr**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 2552**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Ft Myers Bch FL**

City & State

**Ft Myers Bch FL**

4. FEI Number

**16-1449958**

Applied For

Not Applicable

Zip

**33931**

Country

**U.S.A.**

Zip

**33932**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Hall, Richard S.**

Street Address (P.O. Box Number is Not Acceptable)

**280 Estrellita Dr**

City

**Ft Myers Bch**

FL

Zip Code

**33931**

**DO NOT WRITE  
IN THIS SPACE**

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

**Richard S. Hall**

**Richard S. Hall**

**4-29-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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	<b>D</b>
NAME	<b>Hall, Richard S.</b>
STREET ADDRESS	<b>280 Estrellita Dr</b>
CITY-ST-ZIP	<b>Ft Myers Bch, FL 33931</b>
TITLE	<b>D</b>
NAME	<b>Hall, Richard S. JR</b>
STREET ADDRESS	<b>4356 Falcon Crest</b>
CITY-ST-ZIP	<b>Flowery Branch, GA 30542</b>
TITLE	<b>D</b>
NAME	<b>Ditch, Dennis E</b>
STREET ADDRESS	<b>County Road 40</b>
CITY-ST-ZIP	<b>Bloomfield NY</b>
TITLE	<b>D</b>
NAME	<b>Fox, P R</b>
STREET ADDRESS	<b>135 Corporate Woods, Suite 300</b>
CITY-ST-ZIP	<b>Rochester NY 14623</b>
TITLE	<b>S</b>
NAME	<b>Mirabella, Janice I</b>
STREET ADDRESS	<b>280 Estrellita Dr</b>
CITY-ST-ZIP	<b>Ft Myers Bch FL 33931</b>
TITLE	<b>D</b>
NAME	<b>Hall, William R</b>
STREET ADDRESS	<b>4356 Falcon Crest</b>
CITY-ST-ZIP	<b>Flowery Branch GA 30542</b>

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Richard S. Hall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**

DATE

Daytime Phone #

**941-463-5820**

CR2E037B (12/01)