

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001411

1. Entity Name

THE WRITERS FOUNDATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91400 032 ****70.00

Principal Place of Business

1300 TERRE CIA AVE.
ORLANDO FL 32807

Mailing Address

3936 S. SEMORAN BLVD.
#368
ORLANDO FL 32822-4015

2. Principal Place of Business

3. Mailing Address

The Writers Fdn, Inc

Suite, Apt. #, etc.

P.O. Box 5360

City & State Winter Park, FL

Zip 32193-5360

Country USA

AUUS8419



DO NOT WRITE IN THIS SPACE

4. FEI Number		22-2694807		Applied For
				Not Applicable
5. Certificate of Status Desired		X		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPE, ROBERT
1720 CONWAY GARDENS RD
ORLANDO FL 32806

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD COPE, ROBERT 1720 CONWAY GDS RD ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CAOPE, MARY 1720 CONWAY GDS RD ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNES, RICHARD 204 BROADMORE CAMILLUS NY 13031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Robert I. Cope APRIL 26, 2000 (407) 894-9001

Date

Daytime Phone #

CR2E037 (9/99)