

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90053 013 ****61.25

DOCUMENT # N94000002456

1. Entity Name

THE WILLIAM S. AND ANN D. PEARCE FAMILY FOUNDATI

Principal Place of Business

Mailing Address

~~5105 POE AVENUE~~
~~TAMPA FL 33629~~

~~5105 POE AVENUE~~
~~TAMPA FL 33629~~

2. Principal Place of Business

17920 GULF BLVD

3. Mailing Address

SAME AS SHOWN

Suite, Apt. #, etc.

#506

Suite, Apt. #, etc.

City & State

REDINGTON SHORES, FL

City & State

Zip

33708

Country

PINELLAS

Zip

Country

4. FEI Number

59-3262254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C
14010 ROOSEVELT BLVD
STE 708
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
PEARCE, WILLIAM S ☐ Delete
~~5105 POE AVENUE~~
~~TAMPA FL 33629~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PEARCE, ANN D ☐ Delete
~~5105 POE AVENUE~~
~~TAMPA FL 33629~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PEARCE, PAMELA ☐ Delete
~~5105 POE AVENUE~~
~~TAMPA FL 33629~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
17920 GULF BLVD #506
REDINGTON SHORES, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
AS ABOVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
702 ANTONIA LANE
THE VILLAGES, FL 32159

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

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

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:

WILLIAM S. PEARCE

2-22-01

727-391-1997

813-837-0860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)