

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004624

1. Entity Name

THE SIONA-SECOYA FOUNDATION, INC.

Principal Place of Business

7735 S.W. 100TH AVENUE
MIAMI FL 33173

Mailing Address

7735 S.W. 100TH AVENUE
MIAMI FL 33173-3172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0524333

Applied For

Not Applicable

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

VICKERS, WILLIAM T
7735 S.W. 100TH AVENUE
MIAMI FL 33173

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 ☐ Delete
NAME VICKERS, WILLIAM T.
STREET ADDRESS 7735 S.W. 100TH AVENUE
CITY-ST-ZIP MIAMI FL 33173

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

TITLE SD ☐ Delete
NAME VICKERS, EDITE V
STREET ADDRESS 7735 S.W. 100TH AVENUE
CITY-ST-ZIP MIAMI FL 33173

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

TITLE VD ☐ Delete
NAME VICKERS, RAYMOND B
STREET ADDRESS 811 LAKE RIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE D ☐ Delete
NAME VICKERS, SARAH P.
STREET ADDRESS 109 MAGNOLIA STREET
CITY-ST-ZIP NEPTUNE BEACH FL 32266

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

TITLE TD ☐ Delete
NAME DUGGAR, THOMAS E
STREET ADDRESS 1391 TIMBERLANE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE D ☐ Delete
NAME KEUCHEL, EDWARD F
STREET ADDRESS 812 PIEDMONT DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

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

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 T. VICKERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 22, 2000 (305) 274-7508

Date

Daytime Phone #

CR2E037 (9/99)