

2001 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



773747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0524333

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

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
After September 12, 2001, min. will be \$236.25

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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
WILLIAM T. VICKERS

July 16, 2001 (305) 274-7508

CR2E037 (5/01)