

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90053 033 ****61.25

DOCUMENT # N94000006133

1. Entity Name

FERGUSON FOUNDATION, INC.

Principal Place of Business

**400 N. TAMPA ST.
 STE 2300
 TAMPA FL 33602**

Mailing Address

**% STELLA F. THAYER
 P.O. BOX 1531
 TAMPA FL 33601**

2. Principal Place of Business

c/o Stella F. Thayer

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(Same as Above)

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3285377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FERGUSON, LOUISE L
 5400 INTERBAY BLVD
 TAMPA FL 36611**

7. Name and Address of New Registered Agent

Name

THAYER, STELLA F.

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

400 N. Tampa Street

City

Tampa

FL

Zip Code
33602

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 9, 2001

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 **D** ☐ Delete
 NAME **FERGUSON, LOUISE L**
 STREET ADDRESS **5400 INTERBAY BLVD**
 CITY-ST-ZIP **TAMPA FL 36611**

TITLE **D** ☐ Delete
 NAME **FERGUSON, HOWELL L**
 STREET ADDRESS **310 W. COLLEGE AVENUE**
 CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE **D** ☐ Delete
 NAME **THAYER, STELLA F**
 STREET ADDRESS **400 NORTH TAMPA STREET, SUITE 2300**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SATD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPTD** ☒ 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:

Stella F. Thayer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

(813) 273-4200

Date

Daytime Phone #

CR2E037 (10/00)