## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 08, 2002 8:00 am Secretary of State DOCUMENT # **N94000006133** 1. Entity Name 05-08-2002 90061 016 \*\*\*\*61.25 FERGUSON FOUNDATION, INC. Principal Place of Business Mailing Address C/O STELLA F. THAYER % STELLA F. THAYER 400 N. TAMPA ST. STE 2300 P.O. BOX 1531 TAMPA FL 33602 **TAMPA FL 33601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3285377 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FERGUSON, LOUISE L 400 N. TAMPA ST. **TAMPA FL 33602** City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE □ Addition ☐ Change FERGUSON, LOUISE L NAME STREET ADDRESS 5400 INTERBAY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 36611 TITLE SATD ☐ Delete TITLE ☐ Change ☐ Addition NAME Ferguson, Howell L NAME STREET ADDRESS 310 W. COLLEGE AVENUE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32302 CITY-ST-ZIP TITLE **VPTD** ☐ Delete TITLE ☐ Change \_ Addition NAME THAYER, STELLA F NAME STREET ADDRESS 400 NORTH TAMPA STREET, SUITE 2300 STREET ADDRESS CITY-ST-ZIP Tampa Fl 33602 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

4-22-02

(813) 222-8931

Davtime Phone #

**FILED** 

## MACFARLANE FERGUSON & McMullen

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625 COURT STREET
P. O. BOX 1669 (ZIP 33757)
CLEARWATER, FLORIDA 33756
(727) 441-8966 FAX (727) 442-8470

IN REPLY REFER TO:

April 22 2002

Tampa

Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, Florida 32302-1500

Re: Ferguson Foundation, Inc.

Dear Sirs:

I enclose 2002 Corporation Annual Report for Ferguson Foundation, Inc., a non-profit corporation, together with a check payable to Department of State in the amount of \$61.25 in payment of the filing fee.

Sincerely yours,

Stella F. Thayer

jma Encs.