

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90267 026 \*\*\*\*61.25

**DOCUMENT # N94000006133**

1. Entity Name  
**FERGUSON FOUNDATION, INC.**



Principal Place of Business  
**C/O STELLA F. THAYER  
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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

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  
400 N. TAMPA ST.  
TAMPA FL 33602**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FERGUSON, LOUISE L</b>	
STREET ADDRESS	<b>5400 INTERBAY BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 36611</b>	
TITLE	<b>SATD</b>	<input type="checkbox"/> Delete
NAME	<b>FERGUSON, HOWELL L</b>	
STREET ADDRESS	<b>310 W. COLLEGE AVENUE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32302</b>	
TITLE	<b>VPTD</b>	<input type="checkbox"/> Delete
NAME	<b>THAYER, STELLA F</b>	
STREET ADDRESS	<b>400 NORTH TAMPA STREET, SUITE 2300</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **Stella F. Thayer 4/23/03 (813) 273-4200**

CR2E037 (10/02)