

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90065 046 ****70.00

DOCUMENT # N95000000408

1. Entity Name

WENDELL G. WILLIAMS FINE ARTS SCHOLARSHIP FOUNDA

Principal Place of Business

**1300 RIDGE AVE.
 CLEARWATER FL 34615**

Mailing Address

**1300 RIDGE AVE.
 CLEARWATER FL 33755-3659**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3308018

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

**WILLIAMS, NAOMI
 1300 RIDGE AVE.
 CLEARWATER FL 34615**

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

Naomi B. Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/00

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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **WILLIAMS, NAOMI B**
 CITY-ST-ZIP **1300 RIDGE AVENUE
 CLEARWATER FL 34615**

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

TITLE ☐ Delete
 NAME **VCD**
 STREET ADDRESS **FELDER, ANDREA**
 CITY-ST-ZIP **11785 BARB COURT
 LARGO FL 34648**

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

TITLE ☐ Delete
 NAME **VCD**
 STREET ADDRESS **WILLIAMS, RODERICK**
 CITY-ST-ZIP **1300 RIDGE AVENUE
 CLEARWATER FL 34615**

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

TITLE ☐ Delete
 NAME **FRD**
 STREET ADDRESS **DONALDSON, BARRY**
 CITY-ST-ZIP **2633 14TH STREET NORTH
 ST. PETERSBURG FL 33704**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **FARIAS, ROSE**
 CITY-ST-ZIP **321 1/2 23RD AVE NORTH
 ST PETERSBURG FL 33704**

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

TITLE ☐ Delete
 NAME **PCD**
 STREET ADDRESS **LOUISE CLEARY**
 CITY-ST-ZIP **1663 SUMMIT WAY
 DUNEDIN FL**

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:

Naomi B. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00

Date

727 461-5827

Daytime Phone #