

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90007 034 \*\*\*\*70.00

**DOCUMENT # N96000005625**

1. Entity Name

**WYMAN FIELDS FOUNDATION, INC.**

Principal Place of Business

207 N. MOSS RD  
 SUITE 105  
 WINTER SPRINGS FL 32708

Mailing Address

207 N. MOSS RD  
 SUITE 105  
 WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3405782**

Applied For

Not Applicable

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

**BIRLE, ERIC J**  
**302 MORNING GLORY DRIVE**  
**LAKE MARY FL 32746**

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

*Eric Birle*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-7-2001**

**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 PD ☒ Delete  
 NAME PERRONE, ANTHONY  
 STREET ADDRESS 151 SOUTHHALL LANE  
 CITY-ST-ZIP MAITLAND FL 32751

TITLE PD ☐ Change ☒ Addition  
 NAME LARRY HOLBROOK  
 STREET ADDRESS 3091 Ash Park Loop  
 CITY-ST-ZIP Winter Park, FL 32792

TITLE VPD ☒ Delete  
 NAME SENSAROVIC, STEVE  
 STREET ADDRESS 2711 SOUTH DESIGN CT  
 CITY-ST-ZIP SANFORD FL 32773

TITLE VPD ☐ Change ☒ Addition  
 NAME RICKY SCOTT  
 STREET ADDRESS 115 W. 12TH STREET  
 CITY-ST-ZIP SANFORD, FL 32771

TITLE STD ☐ Delete  
 NAME NORD, CINDY  
 STREET ADDRESS 3902 SADDLERIDGE STREET  
 CITY-ST-ZIP VALRICO FL 33594

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

TITLE CEO ☐ Delete  
 NAME CANDACE, BIRLE  
 STREET ADDRESS 312 RACHELLE AVE  
 CITY-ST-ZIP SANFORD FL 32771

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

*Eric Birle*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-8-2001 (407) 327-0408**

CR2E037 (10/00)