

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90202 011 ****61.25

001113

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

P.O. Box 126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palaha, FL

Zip

Country

34797

Country

USA

4. FEI Number **59-3405782**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BIRLE, CANDACE A
207 N. MOSS ROAD
SUITE 105
WINTER SPRINGS FL 32708**

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

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

(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	PD	<input checked="" type="checkbox"/> Delete
NAME	HIGAR, BETTY	
STREET ADDRESS	104 KRISTI ANN CT.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RICKY, SCOTT	
STREET ADDRESS	PO BOX 4827	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NORD, CINDY	
STREET ADDRESS	3902 SADDLERIDGE STREET	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	CANDACE, BIRLE	
STREET ADDRESS	312 RACHELLE AVE	
CITY-ST-ZIP	SANFORD FL 32771	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Birle, CANDACE	
STREET ADDRESS	601 Clusterwood Drive	
CITY-ST-ZIP	Palaha, FL 34797	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Higar, Betty	
STREET ADDRESS	104 Kristi Ann Ct	
CITY-ST-ZIP	Winter Springs, FL 32708	
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: *[Signature]* President 5-30-03 352-6362349

CR2E037 (10/02)