

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90008 009 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000006372

1. Entity Name

THE WORTHINGTON CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**128 CARLYLE DRIVE
PALM HARBOR FL 34683****128 CARLYLE DRIVE
PALM HARBOR FL 34683-1805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3415236

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**BOULLEMENT, MARY ANN
2494 BAYSHORE BLVD
STE. 101
DUNEDIN FL 34698**

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

**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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	WORTHINGTON, DONALD J	128 CARLYLE DRIVE	PALM HARBOR FL 34683	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WORTHINGTON, RACHAEL S	128 CARLYLE DRIVE	PALM HARBOR FL 34683	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BOULLEMET, MARY ANN	2494 BAYSHORE BLVD. STE 101	DUNEDIN FL 34698	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

RACHAEL S. WORTHINGTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Rachael S. Worthington** 1/10/00 (727) 786-5920
Date Daytime Phone #

CR2E037 (9/99)