

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90100 036 \*\*\*\*61.25

**DOCUMENT #** N97000006583

**1. Entity Name**

DAVID L. MASON FOUNDATION, INC.

**Principal Place of Business**

**Mailing Address**

3055 TURTLE BROOKE  
 CLEARWATER, FL 33761

3055 TURTLE BROOKE  
 CLEARWATER, FL 33761

**2. Principal Place of Business**

P.O. BOX 1930

**3. Mailing Address**

P. O. BOX 1930

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

BOCA GRANDE, FL

**City & State**

BOCA GRANDE, FL

**4. FEI Number**

59-3479134

**Applied For**

Not Applicable

**Zip**

33921

**Country**

USA

**Zip**

33921

**Country**

USA

**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**

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL ETAL  
 ATIN: R. ALAN HIGBEE  
 501 E. KENNEDY BLVD., SUITE 1700  
 TAMPA, FL 33601 USA

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME** D/P/T/AS  
**STREET ADDRESS** MASON, DAVID L.  
**CITY-ST-ZIP** 4055 SHORE LANE  
 BOCA GRANDE, FL 33921

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME** VP/S/AT/D  
**STREET ADDRESS** MASON, JANICE A.  
**CITY-ST-ZIP** 4055 SHORE LANE  
 BOCA GRANDE, FL 33921

**TITLE** ☐ Delete  
**NAME** D  
**STREET ADDRESS** MASON, VESTER L.  
**CITY-ST-ZIP** 2340 N. FERNWAY DRIVE  
 MONTGOMERY, AL 36111

**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**

**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:** X David L. Mason

DAVID L. MASON

X 4-26-00

X 941-964-1065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (9/99)