

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90022 043 ****61.25

DOCUMENT # N98000002172

1. Entity Name

WILLIAM A. PETERS, SR. FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

2800 N PALMAIRE DR
 #306
 POMPANO BEACH FL 33069

2800 N PALMAIRE DR
 #306
 POMPANO BEACH FL 33069-3455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADLEY, TODD L
5551 RIDGEWOOD DR., STE. 501
NAPLES FL 34108

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, WILLIAM A SR	
STREET ADDRESS	2800 N. PALM AIRE DR., #306	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWN, HOWARD L	
STREET ADDRESS	5551 RIDGEWOOD DR., STE. 501	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, WILLIAM A III	
STREET ADDRESS	18 EAST LAUREL ROAD	
CITY-ST-ZIP	STRATFORD NJ 08084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARIA-ELENA B. HARDING		
STREET ADDRESS	8836 NW 151 Terrace		
CITY-ST-ZIP	MIAMI LAKES, FL 33018		
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			
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: *William A. Peters*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2000
 DATE

Daytime Phone #