

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N98000002321

1. Entity Name

WILLIAM P. FOSTER FOUNDATION, INC.

FILED

02 SEP 11 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6486 SOUTH WINDWOOD HILLS CIRCLE  
TALLAHASSEE FL 32311

Mailing Address

P.O. BOX 15184  
TALLAHASSEE FL 32317-5184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3506306

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

BYRD, HAROLD E SR  
6486 SOUTH WINDWOOD HILLS CIRCLE  
TALLAHASSEE FL 32311

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

After September 13, 2002,  
min. will be \$236.25.

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  
NAME FOSTER, WILLIAM P  
STREET ADDRESS 1003 TANNER DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500007827685--9  
CITY-ST-ZIP -09/18/02--01034--007  
\*\*\*\*672.50 \*\*\*\*\*61.25

TITLE VPD  
NAME BYRD, HAROLD E SR.  
STREET ADDRESS 6486 S. WINDWOOD HILLS CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32311-9322 ☐ Delete

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

TITLE SD  
NAME WEBSTER, JOSEPH L SR.  
STREET ADDRESS 1214 N. MAGNOLIA DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE TD  
NAME BYRD, CLINTON F  
STREET ADDRESS 6496 S. WINDWOOD HILLS CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32311-9322 ☐ Delete

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:

*Signature of William P. Foster*

9/11/2002

CR2E037 (4/02)