

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003602**

1. Entity Name

THE BEN AND EVELYN WILSON FOUNDATION, INC.

Principal Place of Business

**2720 HERWALD STREET
SARASOTA FL 34231**

Mailing Address

**2720 HERWALD STREET
SARASOTA FL 34231-5116**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1604870

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, BEN
2720 HERWALD STREET
SARASOTA FL 34231**

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.

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	PD	<input type="checkbox"/> Delete
NAME	WILSON, BEN	
STREET ADDRESS	2720 HERWALD STREET	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, EVELYN	
STREET ADDRESS	2720 HERWALD STREET	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	TD	<input type="checkbox"/> Delete
NAME	JAFFE, JOANNE	
STREET ADDRESS	2728 SECOND STREET	
CITY-ST-ZIP	SANTA MONICA CA 90405	

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		<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		

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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:

BEN WILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**BEN WILSON 1/5/2000**

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90027 006 ****61.25

00001845



DO NOT WRITE IN THIS SPACE