

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002916

1. Entity Name

BERNARD F. AND MARY ANN POWELL FOUNDATION, INC.

Principal Place of Business

1700 GULF BLVD.
BELLEAIR SHORES FL 33786

Mailing Address

1700 GULF BLVD.
BELLEAIR SHORES FL 33786

2. Principal Place of Business
1700 Gulf Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Belleair Shores, FL

City & State

4. FEI Number

59-3575091

Applied For

Not Applicable

Zip

Country

33786

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, BERNARD
1700 GULF BLVD.
BELLEAIR SHORES FL 33786

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
After September 13, 2000 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

TITLE PSTD Delete
NAME POWELL, BERNARD
STREET ADDRESS 1700 GULF BLVD.
CITY-ST-ZIP BELLEAIR SHORES FL 33786

TITLE D Delete
NAME POWELL, MARY ANN
STREET ADDRESS 1700 GULF BLVD.
CITY-ST-ZIP BELLEAIR SHORES FL 33786

TITLE D Delete
NAME LARSON, ROGER A
STREET ADDRESS 911 CHESTNUT STREET
CITY-ST-ZIP CLEARWATER FL 33756

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-03-2000 90168 032 ****61.25
08-14-2000 90002 003 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)