

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # N99000004967

1. Entity Name

ECSTASY FOUNDATION, INC.

Principal Place of Business

Mailing Address

P O BOX 1708
ORMOND BEACH FL 32175-1708

P O BOX 1708
ORMOND BEACH FL 32175-1708

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

59-3596391

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

WILSON, EDDWINA D
754 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

5500 Ocean Shore Blvd. #72

City

Ormond Beach

FL

Zip Code

32176

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Delete
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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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Edwina D. Wilson
STREET ADDRESS	5500 Ocean Shore Blvd. #72
CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael J. Meyer
STREET ADDRESS	2990 S. Atlantic Ave.
CITY-ST-ZIP	Daytona Beach Shores, FL 32118
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan Baliker
STREET ADDRESS	123 Royal Dunes Blvd.
CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Dazler
STREET ADDRESS	4906 Palm Aire Dr.
CITY-ST-ZIP	Sarasota, FL 34243
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	

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:

Edwina D. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwina D. Wilson 1/20/2000 904-676-1250
Date Daytime Phone #

CR2E037 (9/99)