

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

0076705

**DOCUMENT # N99000004967**

1. Entity Name

**ECSTASY FOUNDATION, INC.**

05-29-2001 90015 023 \*\*\*\*61.25

Principal Place of Business

6210 N. LOCKWOOD RIDGE RD.  
 SUITE 340  
 SARASOTA FL 34243-2529

Mailing Address

6210 N. LOCKWOOD RIDGE RD.  
 SUITE 340  
 SARASOTA FL 34243-2529

111924



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

**59-3596391**

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

Note married name

WILSON, EDDWINA D  
 5500 OCEAN SHORE BLVD  
 #72  
 ORMOND BEACH FL 32176

Edwina Doyle Dozier  
 4906 Palm Aire Dr.  
 Sarasota, FL 34243

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.

(NOT) 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	PD	<input type="checkbox"/> Delete
NAME	WILSON, EDWINA D	
STREET ADDRESS	5500 OCEAN SHORE BLVD #72	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MEYER, MICHAEL J	
STREET ADDRESS	2990 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BALIKER, JOAN	
STREET ADDRESS	123 ROYAL DUNES BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOZIER, DAN	
STREET ADDRESS	4906 PALM AIRE DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwina Doyle Dozier	
STREET ADDRESS	4906 Palm Aire Dr.	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heather Dawn Haddix	
STREET ADDRESS	1141 Claridge Dr.	
CITY-ST-ZIP	Lexington, KY 40504	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Dozier	
STREET ADDRESS	4906 Palm Aire Dr.	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jayson 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		
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:

*Edwina Doyle Dozier*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/01 941-359-2876  
 Date Daytime Phone #

CR2E037 (10/00)