

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **199006006167**

1. Entity Name

FLORIDA W.W.II FOUNDATION, INC

FILED

00 JUN 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

**P.O. BOX 3743
Tallahassee, FL
32315**

Mailing Address

SAME

2. Principal Place of Business

6719 Alan A Dale Trail

3. Mailing Address

P.O. Box 3743

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3629243

Applied For

Not Applicable

Zip

Country

32308-1655

Zip

Country

32315

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Delphine Strickland, Esq
2802 Sterling Drive
Tallahassee, FL 32312**

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

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	Major President	<input type="checkbox"/> Delete
NAME	MURRAY K. WHEELER	
STREET ADDRESS	6719 Alan A Dale Trail	
CITY-ST-ZIP	Tallahassee, FL 32308-1655	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Thomas Strickland, Ed D.	
STREET ADDRESS	2802 Sterling Drive	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Robin Sellers, Ph.D.	
STREET ADDRESS	1920 Seminole Drive	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Diane McCain	
STREET ADDRESS	325 W. Gaines St	
CITY-ST-ZIP	Tallahassee, FL 32399-0400	
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	800003299508--8	
STREET ADDRESS	-06/21/00--01091--007	
CITY-ST-ZIP	*****61.25 *****61.25	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 June 2000

893-7999

Date

Daytime Phone #

CR2E037 (9/99)