

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006167

1. Entity Name

FLORIDA W. W. II FOUNDATION, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90028 036 ****61.25

Principal Place of Business

P.O. BOX 3743
TALLAHASSEE FL 32315

Mailing Address

P.O. BOX 3743
TALLAHASSEE FL 32315

2. Principal Place of Business

6719 Allen A Dale Trail

3. Mailing Address

~~Some address~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 3743

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32308-1655

Country
USA

Zip
32315

Country
USA

4. FEI Number

59-3629243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, DELPHENE C ESQ.
2802 STERLING DR.
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

Murray K. Wheeler, President

23 Aug 2000

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 NAME STREET ADDRESS CITY-ST-ZIP	President Murray K. Wheeler 6719 Allen A Dale Trail Tallahassee, FL 32308-1655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Strickland, Ed. D Director 2802 Sterling Drive Tallahassee, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Registered Agent Delphine Strickland, Esq 2802 Sterling Drive Tallahassee, FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robin Sellers, Ph.D 1920 Seminole Drive Tallahassee, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Diane McCain 325 W. G-zines Street Tallahassee, FL 32399-0400	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Murray K. Wheeler, President

23 August 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (5/00)