

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006806

1. Entity Name

THE WAYGOOD FOUNDATION, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90025 038 ****61.25

Principal Place of Business

4215 CALOOSA DR.
PALMETTO FL 34221

Mailing Address

4215 CALOOSA DR.
PALMETTO FL 34221-5602

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

65-0967432

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

WALSH, JOHN F JR
C/O WHITMAN BREED ABBOTT & MORGAN LLP
220 SUNRISE AVE.
PALM BEACH FL 33480

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 ☐ Delete
NAME D PRESIDENT
STREET ADDRESS WAYGOOD, CAROLYN R
CITY-ST-ZIP 4215 CALOOSA DR.
PALMETTO FL 34221

TITLE ☐ Delete
NAME D VICE PRESIDENT / TREASURER
STREET ADDRESS HIERRAK, ROBERT J
CITY-ST-ZIP 4215 CALOOSA DR.
PALMETTO FL 34221

TITLE ☐ Delete
NAME D SECRETARY
STREET ADDRESS WAYGOOD, CHARLES M
CITY-ST-ZIP 11620 5TH ST. E.
TREASURE ISLAND FL 33706

TITLE ☐ Delete
NAME ASSISTANT SECRETARY
STREET ADDRESS CAROLE B. WAYGOOD
CITY-ST-ZIP 11620 5TH ST. E
TREASURE ISLAND, FL 33706

TITLE ☐ Delete
NAME CONSTANCE W. BORHO
STREET ADDRESS 774 PLEASANTVILLE RD.
CITY-ST-ZIP BRIARCLIFF MNR, NY 10510

TITLE ☐ Delete
NAME CHUCK WAYGOOD JR
STREET ADDRESS 10901 GALLERIA COVE
CITY-ST-ZIP AUSTIN, TX 78759

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS JAMES J. WAYGOOD II
CITY-ST-ZIP 3725 OAK ST. NE
ST. PETERSBURG, FL 33704

TITLE ☐ Change ☒ Addition
NAME ASSISTANT SECRETARY
STREET ADDRESS CAROLE B. WAYGOOD
CITY-ST-ZIP 11620 5TH ST. E
TREASURE ISLAND FL 33706

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CONSTANCE W. BORHO
CITY-ST-ZIP 774 PLEASANTVILLE RD.
BRIARCLIFF MNR, NY 10510

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CHUCK WAYGOOD JR
CITY-ST-ZIP 10901 GALLERIA COVE
AUSTIN TX 78759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1/15/2000 (941) 729-9751