

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007099

1. Entity Name

THE WILLIAMS FAMILY FOUNDATION, INC. ✓

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90019 032 ****61.25

Principal Place of Business

616 AZALEA LANE
 VERO BEACH FL 32963

Mailing Address

616 AZALEA LANE
 VERO BEACH FL 32963

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

65-0956286

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

FENNEL, TODD W
 979 BEACHLAND BOULEVARD
 VERO BEACH FL 32963

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANDREW W
STREET ADDRESS	616 AZALEA LANE
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBIN W
STREET ADDRESS	616 AZALEA LANE
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Delete
NAME	WILLIAMS, DREW
STREET ADDRESS	616 AZALEA LANE
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARK
STREET ADDRESS	616 AZALEA LANE
CITY-ST-ZIP	VERO BEACH FL 32963
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	
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	
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 althoher like empowered.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/11/00 Daytime Phone #: 361-234-4144

CR2E037 (5/00)