

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90095 021 ****61.25

DOCUMENT # N99000007099

1. Entity Name

THE WILLIAMS FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

616 AZALEA LANE
 VERO BEACH FL 32963

616 AZALEA LANE
 VERO BEACH FL 32963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1655 27th Street

1655 27th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

City & State

VERO BEACH, FL

VERO BEACH, FL

Zip

Country

Zip

Country

32960

32960

4. FEI Number

65-0956286

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

FENNEL, TODD W
 979 BEACHLAND BOULEVARD
 VERO BEACH FL 32963

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

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: D Delete
 NAME: WILLIAMS, ANDREW W
 STREET ADDRESS: 616 AZALEA LANE
 CITY-ST-ZIP: VERO BEACH FL 32963

TITLE: Change Addition
 NAME:
 STREET ADDRESS: 1655 27th Street Suite 2
 CITY-ST-ZIP: VERO BEACH, FL 32960

TITLE: D Delete
 NAME: WILLIAMS, ROBIN W
 STREET ADDRESS: 616 AZALEA LANE
 CITY-ST-ZIP: VERO-BEACH-FL-32963

TITLE: Change Addition
 NAME:
 STREET ADDRESS: 1655 27th Street Suite 2
 CITY-ST-ZIP: VERO BEACH FL 32960

TITLE: D Delete
 NAME: WILLIAMS, DREW
 STREET ADDRESS: 616 AZALEA LANE
 CITY-ST-ZIP: VERO BEACH FL 32963

TITLE: Change Addition
 NAME:
 STREET ADDRESS: 1655 27th Street Suite 2
 CITY-ST-ZIP: VERO BEACH FL 32960

TITLE: D Delete
 NAME: WILLIAMS, MARK
 STREET ADDRESS: 616 AZALEA LANE
 CITY-ST-ZIP: VERO BEACH FL 32963

TITLE: Change Addition
 NAME:
 STREET ADDRESS: 1655 27th Street Suite 2
 CITY-ST-ZIP: Suite 2 VERO BEACH FL 32960

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
 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

Andrew Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

561-299-7633

DATE DAYTIME PHONE #

CR2E037 (9/01)