

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 22, 2000 8:00 am
Secretary of State

03-15-2000 90041 035 ****61.25

DOCUMENT # N99000007406

1. Entity Name

THE WILLIAM J. PETERMAN CHARITABLE FOUNDATION FO

Principal Place of Business

Mailing Address

**900 E. OCEAN BLVD.,STE.210-B
 STUART FL 34994**

**900 E. OCEAN BLVD.,STE.210-B
 STUART FL 34994**

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

65-0969777

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

**HARVIN, WESLEY R ESQ.
 900 E. OCEAN BLVD.,STE.210-B
 STUART FL 34994**

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 use 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	ROBERT T. STANZIANO	900 E. OCEAN BLVD. STE 210-B	STUART, FL. 34994		
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	WESLEY R. HARVIN	900 E. OCEAN BLVD. STE. 210-B	STUART, FL. 34994		
				<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	KRISTINE A. OBRIEN	900 E. OCEAN BLVD. STE. 210-B	STUART, FL. 34994		
				<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	WESLEY R. HARVIN II	900 E. OCEAN BLVD. STE. 210-B	STUART, FL. 34994		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

CO-TRUSTEE/ADMINISTRATOR

Date

3/9/2000 561-286-3630

Daytime Phone #

CR2E037 (9/99)