

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

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

03-15-2000 90041 007 ****61.25

DOCUMENT # N99000007407

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

65-0969779

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

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

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:

Wesley R. Harvin II
 TRUSTEE/ADMINISTRATOR 3/9/2000 561-286-3630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)