

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # N99000007407

1. Entity Name

THE WILLIAM J. PETERMAN CHARITABLE FOUNDATION FO

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

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

Principal Place of Business  
900 E. OCEAN BLVD.,STE.210-B  
STUART FL 34994

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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0969779

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
HARVIN, WESLEY R ESQ.  
900 E. OCEAN BLVD.,STE.210-B  
STUART FL 34994

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

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 CO-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)