## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 05, 2001 8:00 am Secretary of State DOCUMENT # N9900007407 1. Entity Name THE WILLIAM J. PETERMAN CHARITABLE FOUNDATION FOR 02-05-2001 90043 036 \*\*\*\*61.25 THE BETTERMENT OF THE U.S. NAUY Principal Place of Business Mailing Address 900 E. OCEAN BLVD..STE.210-B 900 E. OCEAN BLVD., STE, 210-B STUART FL 34994 STUART FL 34994 014204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0969779 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARVIN, WESLEY R ESQ. 900 E. OCEAN BLVD., STE. 210-B STUART FL 34994 Zip Code FL 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Defete TITLE Addition Change NAME STANZIANO. ROBERT NAME STREET ADDRESS 900 E. OCEAN BLVD. STE 210-B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 D ☐ Delete TITLE ☐ Change Addition NAME HARVIN, WESLEY NAME STREET ADDRESS 900 E. OCEAN BLVD. STE. 210-B. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 TITE ☐ Delete TITLE ☐ Change ☐ Addition OBRIEN, KRISTINE NAME NAME STREET ADDRESS 900 E. OCEAN BLVD. STE 210-B STREET ADDRESS CITY-ST-7IP CITY-ST-7IP STUART FL 34994 DIRECTOR TITLE ☐ Delete TITLE Change Addition HARUIN, WEXEY IZ II NAME 900E OCEAN BLUD. STE 210-B NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attackment with an address, with all other like empowered.

ROBERT T. STANZIANO 1-31-2001 561-286-3630
Date Daytime Phone # SIGNATURE: