

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021569

1. Entity Name

BULL FOUNDATION, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90028 016 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 324  
SATSUMA FL 32189

P.O. BOX 324  
SATSUMA FL 32189-0324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

69-3570571

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOYLE, VICKIE G  
101 ST. JOHNS COURT  
SATSUMA FL 32189

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BOYLE, HAWLEY J	
STREET ADDRESS	P.O. BOX 324	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOYLE GODWIN, MISTY	
STREET ADDRESS	HCR3 BOX 898-CH	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHERIDAN, DIANE	
STREET ADDRESS	P.O. BOX 705	
CITY-ST-ZIP	E. PALATKA FL 32131	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KLEIN, MARYLOUISE	
STREET ADDRESS	FIRST STREET BOX 581	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUMBO, WANDA	
STREET ADDRESS	755 S. HWY 17	
CITY-ST-ZIP	SAN MATEO FL 32188	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODSON, GENE C	
STREET ADDRESS	RT. 3, BOX 1475	
CITY-ST-ZIP	SATSUMA FL 32189	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delores M. Goodson	
STREET ADDRESS	Rt 3 Box 1475	
CITY-ST-ZIP	Satsuma, FL 32189	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)