2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 700116 May 16, 2000 8:00 am 1. Entity Name Secretary of State THE CHARLES A. DANA, LAW CENTER FOUNDATION, INC. 05-16-2000 90136 041 ****61.25 Principal Place of Business Mailing Address 1401 61ST STREET SOUTH 000 1401 61ST STREET SOUTH SAINT: PETERSBURG FL 33707-3246 SAINT PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Numbe 59-6135559 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 Street Address (P.O. Box Number is Not Acceptable) ESTENES, JOSEPH, JR. 1401 61ST ST SO ST. PETERSBURG FL 33707 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Addition X Delete TITLE TITLE S/TD Leslie Reicin Stein NAME NAME STEINHARDT, RAPHAEL Esquire STREET ADDRESS STREET ADDRESS 2750 NORTHEAST 187TH ST. PO Box 110, MC FLTC0007 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BCH. FL Tampa, FL 33601-0110 Change ☐ Delete TITLE TITLE ---PD. GRAVES, TOM NAME NAME STREET ADDRESS STREET ADDRESS 1101 PASADENA AVE S., SUITE 1 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Delete ☐ Change ☐ Addition TITLE SD TITLE NAME CHRIST, CHARLES NAME STREET ADDRESS STREET ADDRESS 3085 9TH ST N CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME ESTENES, JOSEPH J. STREET ADDRESS STREET ADDRESS 1401 61ST. ST. SO. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL VPD S. Sammy Cacciatore, Es Change TITLE ☐ Delete ☐ Addition 525 N. Harbor City Boulevard NAME STREET ADDRESS Melbourne, FL 32935-6890 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.