

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90043 010 ****61.25

DOCUMENT # 701305
 1. Entity Name
THOMAS -DOROTHY- FOUNDATION, INC.

Principal Place of Business 201 E KENNEDY BLVD STE 1609 P O BOX 3436 TAMPA FL 33602		Mailing Address 201 E KENNEDY BLVD STE 1609 P O BOX 3436 TAMPA FL 33602-5829	
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 **59-6059765** Applied For Not Applied

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			
THOMAS, MICHAEL 201 E KENNEDY BLVD STE 1609 TAMPA FL 33602				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	THOMAS, MICHAEL			NAME			
STREET ADDRESS	201 E KENNEDY BLVD #1609			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	THOMAS, ROBERT			NAME			
STREET ADDRESS	912 ANCHORAGE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FLORIDA 0			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	THOMAS, STEPHEN			NAME			
STREET ADDRESS	16001 BOYETTE ROAD			STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	THOMAS, ROBERT M.			NAME			
STREET ADDRESS	50 RANCH ROAD			STREET ADDRESS			
CITY-ST-ZIP	THONOTSASSA FL			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	HUETTEMAN, SUSAN R.			NAME			
STREET ADDRESS	747 BURLWOOD ST			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Michael Thomas* **REQUIRED** Michael Thomas 1/18/00 (813) 229-3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #