

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2002 8:00 am**
Secretary of State

04-25-2002 90016 010 ****61.25

DOCUMENT # 705099

1. Entity Name

SALAMA GROTTO CEREBRAL PALSY ENDOWMENT

Principal Place of Business

Mailing Address

**3000 16TH STREET NORTH
SAINT PETERSBURG FL 33704****3000 16TH STREET NORTH
SAINT PETERSBURG FL 33704**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6139437

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

**NICHOLSON, GEORGE A
4470 GREAT LAKES DRIVE
CLEARWATER FL 33762-5274**

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 \$61.259. 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 **P** ☐ Delete
NAME **LOVELACE, JOHN W. JR.**
STREET ADDRESS **1533 83RD AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**TITLE **D** ☒ Change ☐ Addition
NAME **LOVELACE, JOHN W. JR.**
STREET ADDRESS **1533 83RD AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33702**TITLE **D** ☐ Delete
NAME **BECHTEL, LOUIS W.**
STREET ADDRESS **9790 66TH STREET NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33782**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **GRIFFITH, HENRY L.**
STREET ADDRESS **5556 81ST TERRACE NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **FLOWERS, EDWARD W**
STREET ADDRESS **3740 5TH ST N # 308**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709-1976**TITLE **SD** ☒ Change ☐ Addition
NAME **FLOWERS, EDWARD W.**
STREET ADDRESS **3724 26TH AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33713**TITLE **D** ☐ Delete
NAME **RODGERS, ALFRED M**
STREET ADDRESS **6671 EMERSON AVENUE SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33707**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **SCHREIHOFFER, FRANKLYN L**
STREET ADDRESS **652 51ST AVENUE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Henry L. Griffith **HENRY L. GRIFFITH** 4-1502, 727-544-6436

CR2E037 (9/01)

836591
A.H. #
DOC. # 705099

ITEM ID (CONT'D)

TITLE D
NAME NICHOLSON, GEORGE A.
STREET ADDRESS 4470 GREAT LAKES DR.
CITY, ST, ZIP CLEARWATER, FL 33782

TITLE D
NAME MALONE, HAROLD E.
T. ADDRESS 7360 ULMERTON RD., #281
CITY, ST, ZIP LARGO, FL 33771

TITLE D
NAME UPTON, DONALD W.
T. ADDRESS 6580 SEMINOLE BLVD.
CITY, ST, ZIP SEMINOLE, FL 33772

TITLE D
NAME HILL, GORDON H.
ST. ADDRESS 4947 7TH AVE. N.
CITY, ST, ZIP ST. PETERSBURG, FL 33710

TITLE D
NAME CHANCEY, MONTAQUE R.
T. ADDRESS 5695 78TH AVE. N.
CITY, ST, ZIP PINELLAS PARK, FL 33781

TITLE D
NAME BAILEY, WOODROW F.
T. ADDRESS 10100 PARADISE BLVD.
CITY, ST, ZIP TREASURE ISLE, FL 33706

Henry L. Dupont