2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90211 010 ****70.00

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DOCUMENT # 707822

1. Entity Name
COMMUNITY SERVICE FOUNDATION, INC.

Principal Place of Business	Mailing Address
925 LAKEVIEW ROAD CLEARWATER FL 33756 US	925 LAKEVIEW ROAD CLEARWATER FL 33756 US

X CHECK HERE IF MAKING CHANGES

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 59-0866939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR.
625 COURT STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REGULSKI, LEE 1045 CHINABERRY RD CLEARWATER FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURDINE, MARJORIE 300 1ST AVE S SAINT PETERSBURG FL 33701	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEMP, LINDA 11701 BELCHER RD. S. SUITE 110 LARGO, FL 33773	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROTZ, D. A 2519 MCMULLEN BROTH RD STE 202 CLEARWATER FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAUGHN, MARY 1478 SOUTHRIDGE DR. CLEARWATER FL 33756	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANN, TIMOTHY 1111 CHATHAM CT. SAFETY HARBOR, FL 34695	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARQUARDT, E C JR 845 INDIAN ROCKS RD BELLEAIR FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMIESON, HARRY B 301 JASMINE WAY CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Timothy Mann DIR Lee Regulski 1/15/03 727 5314259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #