

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90010 007 ****61.25

DOCUMENT # 760680

1. Entity Name
THE GOLD SHIELD FOUNDATION, INC.

Principal Place of Business Mailing Address
 PO BOX ~~211794~~ **P.O. BOX 271791** PO BOX 271791
 TAMPA FL 33688-1791 TAMPA FL 33688-1791

100144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
13920 CLUBHOUSE CR.

City & State City & State
TAMPA, FL.

4. FEI Number **59-2236362** Applied For Not Applicable

Zip Country Zip Country
33624 U.S.A. U.S.A.

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
VOSKERICHIAN, JOE
13920 CLUBHOUSE CIRCLE
TAMPA FL 33624

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. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	P BOWERS, RICHARD T 4202 E FOWLER AVE TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP BOWERS, RICHARD T. 11401 SUNCREEK PLACE TEMPLE TERRACE, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFIFF, PHILIP 1 STEINBRENNER DR TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP MCFIFF, PHILIP A. 3401 LANTANIA DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOSKERICHIAN, JOE 13920 CLUBHOUSE DR TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP VOSKERICHIAN, JOE 13920 CLUBHOUSE CR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBERGER, NEW PO BOX 270603 TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP NEWBERGER, DONALD W. 907 CLEARCREEK DR. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRANIE, ROBERT E III 450 PLEASANT GROVE RD. INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITTCOFF, RICHARD 5700 MARINER ST APT 702E TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP WITTCOFF, RICHARD 5700 MARINER ST. - APT. 702 E TAMPA, FL 33609

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: Joseph Voskerichian **JOSEPH VOSKERICHIAN** 1/5/01 (813) 969-0417
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)