

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-05-2002 90075 041 ****61.25

DOCUMENT # 760680

1. Entity Name

THE GOLD SHIELD FOUNDATION, INC.

Principal Place of Business

Mailing Address

**13920 CLUBHOUSE CIRCLE
 TAMPA FL 33624**

**PO BOX 271791
 TAMPA FL 33688-1791**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2236362

Applied For

Not Applicable

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**

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 \$61.25

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 **P** Delete
 NAME **BOWERS, RICHARD T**
 STREET ADDRESS **11401 SUNCREEK PLACE**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **P & D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **D** Delete
 NAME **MCKIFF, PHILIP**
 STREET ADDRESS **3401 LANTANIA DRIVE**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **V & D** Change Addition
 NAME
 STREET ADDRESS **3401 LATANIA DRIVE**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **VOSKERICHIAN, JOE**
 STREET ADDRESS **13920 CLUBHOUSE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE **M & D** Change Addition
 NAME
 STREET ADDRESS **13920 CLUBHOUSE CIRCLE**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NEWBERGER, NEW**
 STREET ADDRESS **907 CLEARCREEK DRIVE**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **V & D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCCRANIE, ROBERT E III**
 STREET ADDRESS **450 PLEASANT GROVE RD.**
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **T & D** Change Addition
 NAME
 STREET ADDRESS **450 PLEASANT GROVE DRIVE**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WITTCOFF, RICHARD**
 STREET ADDRESS **5700 MARINER ST APT 702E**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **S & D** 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] **SIGNATURE REQUIRED VOSKERICHIAN**

1/6/02

(813) 969-1984

Date

Daytime Phone #

CR2E037 (9/01)