

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90003 039 ****61.25

DOCUMENT # 770482

1. Entity Name

THE PLANT HIGH SCHOOL ACADEMIC FOUNDATION, INC.

Principal Place of Business

Mailing Address

2415 S. HIMES AVENUE
 TAMPA FL 33629

2415 S. HIMES AVENUE
 TAMPA FL 33629-5134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2348164

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCFARIN, PAMELA
 130 E. DAVIS BLVD
 TAMPA FL 33606

Name

Steve Gavalas

Street Address (P.O., Box Number is Not Acceptable)

3325 Bayshore Blvd #C-21

City

Tampa

FL

Zip Code

33629

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

Steve Gavalas

Steve Gavalas, President 5-9-00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MCFARLIN, P	
STREET ADDRESS	130 E DAVIS BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SIERRA, P J	
STREET ADDRESS	7208 SPRING VALLEY DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BUCHANAN, J	
STREET ADDRESS	487 SEVERN AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, M	
STREET ADDRESS	2103 S CURT CIRCLE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Gavalas	
STREET ADDRESS	130 E DAVIS BLVD 3325 Bayshore Blvd	
CITY-ST-ZIP	Tampa FL 33629 #C-21	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Edgerton	
STREET ADDRESS	4510 Bay to Bay Blvd	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Semeyn	
STREET ADDRESS	4307 Empedrado St.	
CITY-ST-ZIP	Tampa FL 33629	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Woodroffe	
STREET ADDRESS	2109 N Dundee	
CITY-ST-ZIP	Tampa FL 33629	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindi Sutton	
STREET ADDRESS	180 Biscayne Ave.	
CITY-ST-ZIP	Tampa FL 33606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

Steve Gavalas **Steve Gavalas, Pres. 5-9-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813.225.8584

CR2E037 (9/99)