2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

an address

with all other like empowered.

May 11, 2001 8:00 am Secretary of State DOCUMENT # 770482 1. Entity Name THE PLANT HIGH SCHOOL ACADEMIC FOUNDATION, INC. 05-11-2001 90011 037 ****61.25 Principal Place of Business Mailing Address 2415 S. HIMES AVENUE 2415 S. HIMES AVENUE **TAMPA FL 33629** TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2348164 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent acur bare Street Address (P.O. Box Number is Not Acceptable) **GAVALES. STEVE** 3325 BAYSHORE BLVD #C-21 TAMPA FL 33626 ampa statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named options SIGNATURE Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE SEMEYN, LISA NAME NAME STREET ADDRESS STREET ADDRESS 4307 EMPEDRADO ST CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** TITLE ☐ Delete TITLE ViV ■ Addition WOODROFFE, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 2109 N DUNDEE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** Change Addition ☐ Delete TITLE VD TITLE SUTTON, CINDI NAME NAME STREET ADDRESS STREET ADDRESS 160 BISCAYNE AVE CITY-ST-7IF CITY-ST-ZIP TAMPA FL 33606 PD Delete □ Change Addition TITLE TITLE Amy Scherzer 41 Adalia Ave. Tampa, Fe NAME GAVALES, STEVE NAME STREET ADDRESS 3325 BAYSHORE BLVD #C-21 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 PD TITLE ☐ Delete EDGERTON, BARBARA NAME STREET ADDRESS 4510 BAY TO BAY BLVD STREET ADDRESS CITY-ST-ZIF TAMPA FL 33629 CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete Murphy NAME NAME STREET ADDRESS STREET ADDRESS 33629 CITY-ST-ZIP CITY-ST-7IE 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