## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # N0100006171 1. Entity Name 04-22-2002 90198 042 \*\*\*\*61.25 THE ROBERT W. POPE CHARITABLE FOUNDATION, INC. Mailing Address Principal Place of Business $\sigma \sigma \sigma i \sigma \sigma \sigma 0$ 6060 SHORE BLVD. SOUTH, PH-1 6060 SHORE BLVD. SOUTH, PH-1 GULFPORT FL 33707 **GULFPORT FL 33707** 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 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) POPE, ROBERT W 6060 SHORE BLVD. SOUTH, PH-1 **GULFPORT FL 33707** City Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Ĵ 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CR2E037 (9/01) PD ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME POPE, ROBERT W NAME STREET ADDRESS STREET ADDRESS 6060 SHORE BLVD. SOUTH, PH-1 CITY-ST-ZIP CITY-ST-ZIP GULFPORT FL 33707 מע ☐ Delete TITLE Change ☐ Addition TITLE NAME WAUGH, RICHARD F NAME STREET ADDRESS STREET ADDRESS 737 19TH AVE. NORTH CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33704 Change ☐ Addition TITLE Delete TITLE NAME Gomez, IAN S NAME STREET ADDRESS STREET ADDRESS 2037 1ST AVE. NORTH CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Delete TIT! F Change ☐ Addition KONRAD, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 6060 SHORE BLVD. SOUTH, PH-1 CITY-ST-ZIP CITY-ST-ZIP Gulfport fl 33707 ☐ Delete ☐ Addition TITLE Change TITLE NAME HUNT, PHYLLIS NAME 1113- 5875 St. So. STREET ADDRESS STREET ADDRESS 530 QUEENS RD. CITY-ST-ZIP CITY-ST-ZIP GULFPORT FL 33707 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 Chanter 917. 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.

UNIE PERSONALIO A PERSONA SIGNATURE: : ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President 1-18-02

FILED