2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90005 048 ****61.25

DOCUMENT # N06924

1. Entity Name

ALL CHILDREN'S HOSPITAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
%J. DENNIS SEXTON 801 SIXTH STREET. SOUTH ST. PETERSBURG FL 33701 US	%J. DENNIS SEXTON 801 SIXTH STREET. SOUTH ST. PETERSBURG FL 33701 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2481738 ☐ 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
SEXTON, J. DENNIS 801 SIXTH STREET, SOUTH ST. PETERSBURG FL 33701	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEXTON, J. DENNIS 801 SIXTH ST S ST PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Arnold T. Stenberg, Jr. 801 Sixth Street South St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NYMAN, WILLIAM 801 6TH ST. S. ST PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Joel Momberg 801 Sixth Street South St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HORTON, J. LLOYD 801 6TH ST. S. ST PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT MASON, DAVID L 3055 TURTLE BROOK RD CLEARWATER FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mason, David L. P.O. Box 1930 Boca Grande, FL 33921-1930	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT SHELTON, TERESA D 4830 WINDMILL PALM TERR NE ST PETERSBURG FL 33703-6307	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Shelton, Teresa D. 4830 Windmill Palm Terr NE St. Petersburg, FL 33703-6307	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT ORNS, LONNIE 13041 AUTOMBILE BLVD CLEARWATER FL 33762	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT Louie N. Adcock, Jr. P.O. Box 387 St. Petersburg, FL 33731	☐ Change ☒ Addition

CR2E037 (10/00)

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 REQUIRED Arnold T. Stenberg, Jr. 4/27/01 (727)892-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 970553

ALL CHILDREN'S HOSPITAL FOUNDATION, INC.
E.I.N. # 59-2481738
CORPORATE ANNUAL REPORT

106974

ADDITIONAL OFFICERS & TRUSTEES

Name and Address	Title
CT **Frank J. Rief, III** 3318 Jean Circle Tampa, FL 33629	**ViceChairman/Trustee**
TT **Jack W. Kirkland, Jr.** 13577 Feather Sound Drive Suite 400 Clearwater, FL 34622	**Treasurer/Trustee**
ST **J. Mark Stroud** 13577 Feather Sound Drive Suite 400 Clearwater, FL 34622	**Secretary/Trustee**
T **Jerry Barbosa, M.D.** 801 6th Street South, Box 7850 St. Petersburg, FL 33701	**Trustee**
T **Jody Bicking** One Progress Plaza, Ste. 1400 St. Petersburg, FL 33701	**Trustee**
T **Forrest J. Boushall** 4600 W. Cypress Street Tampa, FL 33607	**Trustee**
T **Steven B. Chapman** 3051 Tech Drive St. Petersburg, FL 33716	**Trustee**
T **Paul Dresselhaus** 425 North Florida Avenue Tampa, FL 33602	**Trustee**

Attachment 970553 #N0624

ALL CHILDREN'S HOSPITAL FOUNDATION, INC.
E.I.N. # 59-2481738
CORPORATE ANNUAL REPORT

ADDITIONAL OFFICERS & TRUSTEES

Name and Address	Title
T **Holger D. Gleim** 150 Second Avenue North Suite 1100 St. Petersburg, FL 33701	**Trustee**
T **William R. Lane, Jr.** 400 North Ashley Drive Suite 2300 Tampa, FL 33602	**Trustee**
T **Stanley I. Levy** 101 East Kennedy Blvd. Suite 3850 Tampa, FL 33602-5152	**Trustee**
T **Abby Misemer** 7328 Burns Point Circle New Port Richey, FL 34652-1311	**Trustee**
T **Barbara Ryals** P.O. Box 9090 Clearwater, FL 34618-9090	**Trustee**
T **Christopher J. Trombetta** 11414 Seminole Blvd. Suite 4 Largo, FL 33778-3237	**Trustee**
T **Myrtle H. Williams** 6605 Fifth Avenue North St. Petersburg, FL 33710	**Trustee**