2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N12196

1. Entity Name
THE GILBERT O. BASCHAB FOUNDATION, INC.

Principal Place of Business	Mailing Address
100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602	100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602

04162004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2635125
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KALISH, WILLIAM
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

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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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KRAUSS, GERALD C
STREET ADDRESS	8668 PARK BOULEVARD
CITY-ST-ZIP	SEMINOLE, FL
TITLE	DVS
NAME	KALISH, WILLIAM
STREET ADDRESS	100 S. ASHLEY DRIVE, SUITE 1500
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	DT
NAME	KRAUSS, KEVIN G
STREET ADDRESS	8668 PARK BOULEVARD
CITY-ST-ZIP	SEMINOLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SC

U00000137092
04/29/04-80025-001 61.25

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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: William 4/21/04 813-223-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #