

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90088 030 ****61.25

DOCUMENT # N32992

1. Entity Name

SNELL ISLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 7053
 ST. PETERSBURG FL 33734-7053

P.O. BOX 3542
 ST. PETERSBURG FL 33731
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

200 Central Avenue

Suite, Apt. #, etc.

2200

City & State

City & State

St. Petersburg, FL

4. FEI Number

59-2963930

Applied For

Not Applicable

Zip

Country

Zip

Country

33701

Pinellas

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

FLEECE, JOSEPH W.
109 BAY POINT DRIVE NE
ST PETERSBURG FL 33704

Name

Diane Bailey

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

200 Central Ave. Suite 2200

City

St. Petersburg

FL

Zip Code
33701

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

Diane Bailey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/11/02
 DATE

After September 13, 2002,
min. will be \$236.25.

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 **DP** Delete
 NAME **EVERTZ, MARY G**
 STREET ADDRESS **101 APPIAN WAY NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **FLEECE, JOSEPH W.**
 STREET ADDRESS **109 BAY POINT DRIVE NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **DS** Change Addition
 NAME **Diane Bailey**
 STREET ADDRESS **200 Central Ave. Suite 2200**
 CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **VD** Delete
 NAME **MOOREFIELD, HARRY M**
 STREET ADDRESS **2036 BRIGHTWATERS BLVD NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE Change Addition
 NAME
 STREET ADDRESS **1029 31st Terrace NE**
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GREEN, JEANNINE**
 STREET ADDRESS **949 31ST TERR NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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: *Diane Bailey*

9/11/02 (727) 822-7150

CR2E037 (4/02)