

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003913

1. Entity Name

THE SHARP FAMILY FOUNDATION, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90022 020 ****61.25

Principal Place of Business

Mailing Address

1460 GULF BLVD.
APT. 603
CLEARWATER FL 33767

1460 GULF BLVD.
APT. 603
CLEARWATER FL 33767

00021881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3302952

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHARP, WILLIAM K
1460 GULF BLVD.
APT. 603
CLEARWATER FL 33767

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 D ☐ Delete
NAME SHARP, WILLIAM K
STREET ADDRESS 1460 GULF BLVD, APT. 603
CITY-ST-ZIP CLEARWATER FL 33767

TITLE D ☐ Change ☒ Addition
NAME Margaret Ruffalo
STREET ADDRESS 1456 PARKSIDE DRIVE
CITY-ST-ZIP Bolingbrook IL 60490

TITLE D ☐ Delete
NAME SHARP, MARGARET B
STREET ADDRESS 1460 GULF BLVD, APT. 603
CITY-ST-ZIP CLEARWATER FL 33767

TITLE D ☐ Change ☒ Addition
NAME HARMON SHARP
STREET ADDRESS 318 NORLICK DRIVE
CITY-ST-ZIP BRYAN OHIO 43506

TITLE D ☐ Delete
NAME SHARP, BARTON W
STREET ADDRESS 4264 MONTALRO DR. VILLAGE WALK
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ Change ☒ Addition
NAME CATHERINE SHARP
STREET ADDRESS 318 NORLICK DRIVE
CITY-ST-ZIP BRYAN OHIO 43506

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Charles Ruffalo
STREET ADDRESS 1456 PARKSIDE DRIVE
CITY-ST-ZIP BOLINGBROOK IL 60490

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Phyllis Sharp
STREET ADDRESS 4264 MONTALVO DRIVE VILLAGE WALK
CITY-ST-ZIP NAPLES FL 34109

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:

Signature of William K. Sharp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-07-02

CR2E037 (9/01)