

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91884 043 ****61.25

DOCUMENT # N94000003913

1. Entity Name

THE SHARP FAMILY FOUNDATION, INC.



Principal Place of Business

**1460 GULF BLVD.
APT. 603
CLEARWATER FL 33767**

Mailing Address

**1460 GULF BLVD.
APT. 603
CLEARWATER FL 33767**

2. Principal Place of Business

3. Mailing Address

Barton W. Sharp

Suite, Apt. #, etc.

4264 Montalvo Drive, Village Walk

City & State

Naples FL

Zip

34109

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3302952**

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

5-1-03

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
Florida 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 **Charles 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 **Phyllis Sharp**
STREET ADDRESS **4264 Montalvo Drive, Village Walk**
CITY-ST-ZIP **Naples, FL 34109**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RUFFALO, MARGARET**
STREET ADDRESS **1456 PARKSIDE DRIVE**
CITY-ST-ZIP **BOLINGBROOK IL 60490**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHARP, HARMON**
STREET ADDRESS **318 NORLICK DRIVE**
CITY-ST-ZIP **BRYAN OH 43506**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHARP, CATHERINE**
STREET ADDRESS **318 NORLICK DRIVE**
CITY-ST-ZIP **BRYAN OH 43506**

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:

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

5-1-03

727 596-3681

Date Daytime Phone #

CR2E037 (10/02)