

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90312 010 ****61.25

DOCUMENT # N96000004784

1. Entity Name

JOHN H. SYKES FOUNDATION, INC.

Principal Place of Business

Mailing Address

901 S. NEWPORT AVENUE
 TAMPA FL 33606

P O BOX 2331
 TAMPA FL 33601-2331
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-6218520

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

ROBBINS, R. JAMES JR
101 E. KENNEDY BOULEVARD
SUITE 3700
TAMPA FL 33602

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)

April 26, 2000

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 Delete
 NAME **CDP**
 SYKES, SUSAN W
 STREET ADDRESS **901 S. NEWPORT AVE.**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Zip Code: 33606

TITLE Delete
 NAME **DT**
 WARREN, SAMANTHA B
 STREET ADDRESS **2927 W HAWTHORNE AVE**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 WILCOX, BARBARA N
 STREET ADDRESS **13533 BAY LAKE LANE**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 TAYLOR, KAREN S
 STREET ADDRESS **12549 BUTLER BAY COURT**
 CITY-ST-ZIP **WINDERMERE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS Zip Code: 34786
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 MURPHY, BARBARA A
 STREET ADDRESS **10503 SAGO RD**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE Change Addition
 NAME **DS**
 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: *Susan W. Sykes* Susan W. Sykes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2000 813-259-1543

Date

Daytime Phone #

CR2E037 (9/99)