

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90039 029 ****61.25

DOCUMENT # N96000004784

1. Entity Name
JOHN H. SYKES FOUNDATION, INC.

Principal Place of Business 901 S. NEWPORT AVENUE TAMPA FL 33606	Mailing Address P O BOX 2331 TAMPA FL 33601 US
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00016172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 N. Tampa Street	3. Mailing Address P.O. Box 2044
Suite, Apt. #, etc. Suite 2830	Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL

4. FEI Number 65-6218520	Applied For <input type="checkbox"/> Not Applicable
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Zip 33602	Country U.S.A.	Zip 33601-2044	Country U.S.A.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP SYKES, SUSAN W 901 S. NEWPORT AVE. TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WARREN, SAMANTHA B 2927 W HAWTHORNE AVE TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, BARBARA N 13533 BAY LAKE LANE TAMPA FL 33618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, KAREN S 12549 BUTLER BAY COURT WINDERMERE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, BARBARA A 10503 SAGO RD TAMPA FL 33618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Zip Code: 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Zip Code 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kathy S. Stroker 2503 Carter Grove Circle Windermere, FL 34786

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 President 1/26-01 813-259-1543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)