

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0039444

04-17-2002 90079 037 \*\*\*\*61.25

**DOCUMENT # N96000004784**

1. Entity Name

**JOHN H. SYKES FOUNDATION, INC.**

Principal Place of Business

Mailing Address

100 N. TAMPA STREET  
 SUITE 2830  
 TAMPA FL 33602

P O BOX 2044  
 TAMPA FL 33601-2044  
 US

2. Principal Place of Business

901 S. Newport Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

4. FEI Number

65-6218520

Applied For

Not Applicable

Zip

33606

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **Barbara A. Murphy**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 N. Tampa Street**  
 Suite **3900**  
 City **Tampa** **FL** Zip Code **33602**

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 Barbara A. Murphy

April 8, 2002

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

(NOTE: Registered Agent signature required when re-registering)

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	CDP	<input type="checkbox"/> Delete
NAME	SYKES, SUSAN W	
STREET ADDRESS	901 S. NEWPORT AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WARREN, SAMANTHA B	
STREET ADDRESS	2927 W HAWTHORNE AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILCOX, BARBARA N	
STREET ADDRESS	13533 BAY LAKE LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, KAREN S	
STREET ADDRESS	12549 BUTLER BAY COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MURPHY, BARBARA A	
STREET ADDRESS	10503 SAGO RD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROKER, KATHY S	
STREET ADDRESS	<del>2500 CARTER GROVE CIRCLE</del>	
CITY-ST-ZIP	<del>WINDERMERE FL 34786</del>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stroker, Kathy S.	
STREET ADDRESS	6252 Blakeford Drive	
CITY-ST-ZIP	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 Susan W. Sykes, President April 8, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)

813-259-1543