

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90009 042 \*\*\*\*61.25

**DOCUMENT # N97000006988**

1. Entity Name

**STUART & KELLY LASHER FAMILY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

339 SOUTH PLANT AVE  
 TAMPA FL 33606  
 US

339 S PLANT AVENUE  
 TAMPA FL 33606  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3482294**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LASHER, STUART G**  
**339 SOUTH PLANT AVE**  
**TAMPA FL 33606**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LASHER, STUART G</b>	
STREET ADDRESS	<b>339 SOUTH PLANT AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LASHER, KELLY G</b>	
STREET ADDRESS	<b>339 SOUTH PLANT AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHIFINO, WILLIAM J JR.</b>	
STREET ADDRESS	<b>ONE TAMPA CITY CENTER</b>	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

913-250-1999

Daytime Phone #

CR2E037 (10/00)

00-118