2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

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May 30, 2000 8:00 am Secretary of State DOCUMENT # N9900006370 VICKI LYN ROBINSON FOUNDATION, INC. 05-30-2000 90086 035 ****61.25 Principal Place of Business Mailing Address 401 E JACKSON STREET STE 2400 401 E JACKSON STREET STE 2400 TAMPA FL 33602 TAMPA FL 33602-5236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-3425937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -----Name Street Address (P.O. Box Number is Not Acceptable) KLUG, CHARLES 401 E JACKSON STREET STE 2400 **TAMPA FL 33602** City Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **XX**Addition ☐ Change TITLE **K**KDelete TITLE D NAME ROBINSON, MICHELLE NAME MIKE OSTERMAN STREET ADDRESS **401 E JACKSON STREET STE 2400** STREET ADDRESS 13810 GOOD LIFE ROAD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 <u>TAMPA, FI. 33618</u> Addition Delete TITLE ☐ Change TITLE JAMES R. ENGLERT KLUG, ARTHUR F NAME NAME 3121 EGRET TERRACE STREET ADDRESS **401 E JACKSON STREET STE 2400** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR, FL 34695 TAMPA FL 33602 **K** KAddition Ð ☐ Change TITLE ☐ Delete TITLE KLUG, DONNA B BYRON GIBBS WILSON, JR. NAME NAME STREET ADDRESS **401 E JACKSON STREET STE 2400** STREET ADDRESS 1700 S. MACDILL AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA; FL 33635 tampa Fl 33602 TITLE D ☐ Change **K** KAddition TITLE ☐ Delete GARLOW, KATHY NAME NAME DEBORAH SARTOR-ENGLERT STREET ADDRESS STREET ADDRESS **401 E JACKSON STREET STE 2400** 8827 CHESTERTON PLACE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 TAMPA FL 33635 ☐ Change XXAddition ☐ Delete TITLE TITI F KLUG, THOMAS A NAME NAME BONNIE JO SMITH STREET ADDRESS STREET ADDRESS **401 E JACKSON STREET STE 2400** 237 ALADANA DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 SEFFNER, FL 33584 ☐ Change Addition D TITLE TITLE ☐ Delete EDWIN A. PHILIPS KLUG, KIRT D NAME NAME 1408 N. WESTSHORE BLVD - NO. 112 STREET ADDRESS STREET ADDRESS **401 E JACKSON STREET STE 2400** CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33607 **TAMPA FL 33602** 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 empeneed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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