

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90005 006 \*\*\*\*61.25

**DOCUMENT # N99000006370**

1. Entity Name

**VICKI LYN ROBINSON FOUNDATION, INC.**

Principal Place of Business

**401 E JACKSON STREET STE 2400  
 TAMPA FL 33602**

Mailing Address

**401 E JACKSON STREET STE 2400  
 TAMPA FL 33602**

**000000**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**38-3425937**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KLUG, CHARLES  
 401 E JACKSON STREET STE 2400  
 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	Delete
D	OSTERMAN, MIKE	13810 GOOD LIFE ROAD	TAMPA FL 33618	<input checked="" type="checkbox"/>
D	KLUG, ARTHUR F	401 E JACKSON STREET STE 2400	TAMPA FL 33602	<input type="checkbox"/>
D	KLUG, DONNA B	401 E JACKSON STREET STE 2400	TAMPA FL 33602	<input type="checkbox"/>
D	GARLOW, KATHY	401 E JACKSON STREET STE 2400	TAMPA FL 33602	<input type="checkbox"/>
D	KLUG, THOMAS A	401 E JACKSON STREET STE 2400	TAMPA FL 33602	<input type="checkbox"/>
D	KLUG, KIRT D	401 E JACKSON STREET STE 2400	TAMPA FL 33602	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	ENGLERT, JAMES	3121 Egret Terrace	Safety Harbor, FL 34695	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	PHILIPS, EDWIN A.	9144 Breland Drive	Tampa, FL 33626	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WILSON, BYRON GIBBS, JR.	1700 S. MacDill Avenue	Tampa, FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/Secretary	ENGLERT, DEBORAH SARTOR	8827 Chesterton Place	Tampa, FL 33635	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SMITH, BONNIE J.	237 Aladena Drive	Seffner, FL 33584	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/Treasurer	KLUG, CHARLES E	401 E. Jackson St., Ste 2400	Tampa, FL 33602	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

*Charles E. Klug Jr.* **Charles E. Klug Jr.** 5-01-01 (813)222-7500

CR2E037 (10/00)