2000 UNIFORM BUSINESS REPORT (UBR) 2/4/00-90009-041-\$70.00-\$70.00 FILED THE TAMPA GENERAL HOSPITAL FOUNDATION, INC. 00 MAR -2 AM 11:00 SECRETARY BE STATE TALEARN SSEE, PLORIDA Principal Place of Business Mailing Address DAVIS ISLAND BLVD. P.O BOX 1289 TAMPA FL 33806 TAMPA FL 33601-1289 **JIS** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-7354477 Not Applicable Zip Country 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 THE CANADA TO STANDARD <u>James W. Warren III</u> Street Address (P.O. Box Number is Not Acceptable) MULLIS, HAROLD W Tampa St., STE 3000 101 E. KENNEDY BLVD STE 2700 TAMPA FL 33602 Tampa ^Z33862 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. James W. Warren III, President 1/26/00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE & SD ☐ Delete TITLE Addition V.D -BLAIN, LAURA C NAME MARJE STREET ADDRESS 801 S BLVD STREET ADDRESS Richard A. Beard III CITY-ST-ZIF CITY-ST-ZIP TAMPA FL 33806 100 N. Tampa Sta, STE 31:75 XX Delete Tampa, FL 33602 TITLE ☐ Change ☐ Addition ROSS. JEREMY P NAME NAME 220 S FRANKLIN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP TITLE -PO -- ----- Oalete-🚅 Change 🔲 منزوراً بيان ۾ پيدي منڊ NAME WARREN, JAMES W NAME Larry C. Carey, M.D. STREET ADDRESS 100 N TAMPA ST STREET ADDRESS 4 Columbia Dr., STE 430A CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** -33606 Tampa, FL. TITLE XX Deleta TITLE Change Addition NAME MARTINEZ, SUSAN A NAME STREET ADDRESS 101 E KENNEDY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 TITLE Change ☐ Addition D XX Delete TITLE NAME MULLIS, HAL NAME STREET ADDRESS 101 E KENNEDY #2700 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP DWK D Addition TITLE ☐ Delete TILE Change FISHER, CAROLYN C NAME NAME STREET ADDRESS STREET ADDRESS 4904 ANDROS AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** 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. URF James W! Fwathen

RE AND TYPED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

SIGNATURE:

President

1/26/00 813-227-2051