

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727886

1. Entity Name

THE CHARITABLE FOUNDATION, INC.

**FILED**  
May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90284 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2934 WEST BAY DRIVE  
P.O. BOX 1168  
BELLEAIR BLUFFS FL 33770  
US

2934 WEST BAY DRIVE  
P.O. BOX 1168  
BELLEAIR BLUFFS FL 33770-2649  
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

23-7335854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, OWEN J  
2934 WEST BAY DRIVE BOX 1168  
BELLEAIR BLUFFS FL 33770

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 D ☐ Delete  
NAME ROBERTS, OWEN J  
STREET ADDRESS 2934 WEST BAY DRIVE  
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MCCLINTOCK, JOSEPHINE  
STREET ADDRESS 2934 WEST BAY DRIVE  
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MILHAN, RANDALL J  
STREET ADDRESS 2934 WEST BAY DR.  
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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STREET ADDRESS  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

*SIGNATURE OF THE SECRETARY OF STATE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

727/581-8702

Date

Daytime Phone #

CR2E037 (9/99)