

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000010863

**FILED**  
**Jan 03, 2024**  
**Secretary of State**  
**9709776280CC**

**Entity Name:** THE FLORIDA COUNCIL OF 100 FOUNDATION, INC.

**Current Principal Place of Business:**

400 N. TAMPA STREET, SUITE 1010  
TAMPA, FL 33602

**Current Mailing Address:**

400 N. TAMPA STREET, SUITE1010  
TAMPA, FL 33602 US

**FEI Number: 93-3363958**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BIRNHOLZ, STEVEN M  
400 N. TAMPA STREET, SUITE1010  
TAMPA, FL 33602 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name KITSON, SYDNEY  
Address 400 N. TAMPA STREET, SUITE 1010  
City-State-Zip: TAMPA FL 33602

Title VC  
Name SILAGY, ERIC E  
Address 400 N. TAMPA STREET, SUITE 1010  
City-State-Zip: TAMPA FL 33602

Title TREASURER  
Name FELIX, IGNACIO B  
Address 400 N. TAMPA STREET, SUITE 1010  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name SIMAS, MICHAEL  
Address 400 N. TAMPA STREET, SUITE 1010  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name LEMIEUX, GEORGE  
Address 400 N. TAMPA STREET, SUITE 1010  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name COBB, JR. , CHARLES E  
Address 400 N. TAMPA STREET, SUITE 1010  
City-State-Zip: TAMPA FL 33602

Title PRESIDENT  
Name BIRNHOLZ, STEVEN M  
Address 400 N. TAMPA STREET, SUITE 1010  
City-State-Zip: TAMPA FL 33602

Title CORRESPONDING SECRETARY  
Name MOORE, CAROLINE  
Address 400 N. TAMPA STREET, SUITE 1010  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN M. BIRNHOLZ**

**PRESIDENT**

**01/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date