

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006988

**Entity Name:** STUART G. LASHER FOUNDATION, INC.

**Current Principal Place of Business:**

1511 N. WESTSHORE BLVD. SUITE 700  
TAMPA, FL 33607

**Current Mailing Address:**

1511 N. WESTSHORE BLVD. SUITE 700  
TAMPA, FL 33607 US

**FEI Number:** 59-3482294

**Certificate of Status Desired:** No

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

LASHER, STUART G  
1511 N. WESTSHORE BLVD. SUITE 700  
TAMPA, FL 33607 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 D  
Name LASHER, STUART G  
Address 1511 N. WESTSHORE BLVD. SUITE  
700  
City-State-Zip: TAMPA FL 33607

Title D  
Name LASHER, TYLER S  
Address 1511 N. WESTSHORE BLVD. SUITE  
700  
City-State-Zip: TAMPA FL 33607

Title D  
Name SCHIFINO, WILLIAM JJR.  
Address ONE TAMPA CITY CENTER STE 2600  
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:** STUART LASHER

**DIRECTOR**

**04/08/2021**

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

\_\_\_\_\_  
Date