2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\mathtt{FILED} **DOCUMENT # 700146** Jul 25, 2000 8:00 am 1. Entity Name **Secretary of State** ROGERS HEART FOUNDATION, INC. 07-25-2000 90094 015 ****61.25 Principal Place of Business Mailing Address 2441 5TH AVENUE NORTH 2441 5TH AVE NORTH ST PETERSBURG FL 33705 ST PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address 950 First Aue. No First DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. # 219 #219 City & State + Petersburg City & State 4. FEI Number Applied For 59-0906410 Not Applicable Country Zip Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) **BULLEIT, DONALD** 501 1ST AVE NORTH **STE 900** Zip Code City ST PETERSBURG FL 33705 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** (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 13, 2000 min. Will be \$236.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 1,1 OFFICERS AND DIRECTORS 10. 11. Design to the second Addition TITI F □ Delete TITLE **BULLEIT. DON** NAME NAME 501 1ST AVE, #900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ST PETERSBURG, FL 00000 PD ☐ Change ■ Addition ☐ Delete TITLE TIT) F MARR, NORVAL M. NAME NAME 1 BEACH DR., S.E. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ST. PETERSBURG FL Change ۷D Addition TITLE TITLE Delete DONAHO, BARBARA NAME NAME **762 OAK TERRACE NE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST PETERSBURG, FL 00000 CITY-ST-ZIP TD ☐ Delete TITLE Change Addition TITLE MCLEAN, BRENT S. NAME NAME STREET ADDRESS 111 2ND AVE, NE. #1200 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 00000 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition LACAMERA, FRANK NAME STREET ADDRESS 1000 16TH ST NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL SD Change ■ Addition ☐ Delete TITLE MILLER, THOMAS NAME STREET ADDRESS 234 ESTADO WAY NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 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