

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90221 008 ****61.25

DOCUMENT # 700146

1. Entity Name

ROGERS HEART FOUNDATION, INC.



Principal Place of Business

**1950 FIRST AVE N
#219
SAINT PETERSBURG FL 33713
US**

Mailing Address

**1950 FIRST AVE N
#219
SAINT PETERSBURG FL 33713
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0906410**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BULLEIT, DONALD
501 1ST AVE NORTH
STE 900
ST PETERSBURG FL 33705**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BULLEIT, DON**
STREET ADDRESS **501 1ST AVE, #900**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **PD** ☐ Delete
NAME **MARR, NORVAL M.**
STREET ADDRESS **1 BEACH DR., S.E.**
CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **VD** ☒ Delete
NAME **DONAHU, BARBARA**
STREET ADDRESS **762 OAK TERRACE NE**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE ☐ Change ☒ Addition
NAME **Frank LaCamera, Jr.**
STREET ADDRESS **1601 Serpentine Drive South**
CITY-ST-ZIP **St. Petersburg, FL 33712**

TITLE **TD** ☐ Delete
NAME **MCLEAN, BRENT S.**
STREET ADDRESS **111 2ND AVE, NE, #1200**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

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

TITLE **D** ☒ Delete
NAME **LACAMERA, FRANK**
STREET ADDRESS **1000 16TH ST NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Change ☒ Addition
NAME **Rutland, Ardith**
STREET ADDRESS **501 Coffee Pot Riviera NE**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **SD** ☐ Delete
NAME **MILLER, THOMAS**
STREET ADDRESS **234 ESTADO WAY NE**
CITY-ST-ZIP **ST PETERSBURG FL**

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]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 727-820-0991

CR2E037 (10/02)