

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716070

1. Entity Name

~~ABOLY FOUNDATION, INC.~~ Frederick E. and Velma Lykes Foundation *

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90062 018 ****61.25

Principal Place of Business

Mailing Address

~~400 NORTH TAMPA ST
STE 2300
TAMPA FL 33602
US~~

[delete]

~~P.O. BOX 1534
TAMPA FL 33601-1534
US~~ [delete]

2. Principal Place of Business

442 W. Kennedy Blvd.

3. Mailing Address

P.O. Box 2698

Suite, Apt. #, etc.

~~#1300~~ Suite 300

Suite, Apt. #, etc.

City & State

Tampa, FL.

City & State

Tampa, FL.

Zip

33606

Country

USA

Zip

33601-2698

Country

USA

4. FEI Number

23-7294195

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

~~THAYER, STELLA F
400 NORTH TAMPA ST
STE 2300
TAMPA FL 33602~~

[delete]

Name

Connie Lowe

Street Address (P.O. Box Number is Not Acceptable)

442 W. Kennedy Blvd.

~~#1300~~ Suite 300

City

Tampa

FL

Zip Code

33606

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

Connie Lowe

5/8/00

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 ~~PBT~~ ☒ Delete
NAME ~~THAYER, STELLA F~~
STREET ADDRESS ~~400 NORTH TAMPA ST, STE 2300~~
CITY-ST-ZIP ~~TAMPA FL~~

TITLE ☐ Change ☒ Addition
NAME S Connie Lowe
STREET ADDRESS 442 W. Kennedy Blvd. Suite 300
CITY-ST-ZIP Tampa, FL. 33606

TITLE ~~VD~~ ☒ Delete
NAME ~~FERGUSON, HOWELL F~~
STREET ADDRESS ~~310 W. COLLEGE AVENUE~~
CITY-ST-ZIP ~~TALLAHASSEE FL~~

TITLE ☐ Change ☒ Addition
NAME D James M. Chittenden
STREET ADDRESS 442 W. Kennedy Blvd. Suite 300
CITY-ST-ZIP Tampa, FL. 33606

TITLE ~~S~~ ☒ Delete
NAME ~~ALLEN, JUDY~~
STREET ADDRESS ~~400 NORTH TAMPA ST, STE 2300~~
CITY-ST-ZIP ~~TAMPA FL~~

TITLE ☐ Change ☒ Addition
NAME D Charles G. Burr IV
STREET ADDRESS 442 W. Kennedy Blvd. Suite 300
CITY-ST-ZIP Tampa, FL. 33606

TITLE ~~D P~~ ☐ Delete
NAME BURR, NORMA GENE
STREET ADDRESS 442 W. KENNEDY BLVD. SUITE 300
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☒ Addition
NAME D Tyson Lykes Chittenden
STREET ADDRESS 442 W. Kennedy Blvd. Suite 300
CITY-ST-ZIP Tampa, FL. 33606

TITLE ~~DVT~~ ☐ Delete
NAME BURR, CHARLES G III
STREET ADDRESS 442 W. KENNEDY BLVD. SUITE 300
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☒ Addition
NAME D Harold E. Chittenden
STREET ADDRESS 442 W. Kennedy Blvd. Suite 300
CITY-ST-ZIP Tampa, FL. 33606

TITLE ~~Deluxe Copy~~ ☐ Delete
NAME ~~442 W. Kennedy Blvd. Suite 300~~
STREET ADDRESS ~~Tampa, FL 33606~~
CITY-ST-ZIP ~~Tampa, FL 33606~~

TITLE ☐ Change ☒ Addition
NAME D Paul L. Sloan III
STREET ADDRESS 442 W. Kennedy Blvd. Suite 300
CITY-ST-ZIP Tampa, FL. 33606

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:

Connie Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/8/00 (813) 253-2010

CR2E037 (9/99)