

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 741688

FILED  
Apr 22, 2003  
Secretary of State

Entity Name: WOMEN'S HOSPITAL FOUNDATION, INC.

## Current Principal Place of Business:

% J. BOB HUMPHRIES, ESQ.  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602

## Current Mailing Address:

% J. BOB HUMPHRIES, ESQ.  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602

## New Principal Place of Business:

% E. JACKSON BOGGS, ESQ.  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602

## New Mailing Address:

% E. JACKSON BOGGS, ESQ.  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602

FEI Number: 59-1824421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOGGS, JACKSON E  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

BOGGS, E. JACKSON  
501 E. KENNEDY BLVD.  
SUITE 1700  
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: E. JACKSON BOGGS

04/22/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: MEZRAH, JACK  
Address: 2708 AZEELE  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: BOGGS, JACKSON E  
Address: 501 E KENNEDY BLVD #1700  
City-St-Zip: TAMPA, FL

Title: AT ( ) Delete  
Name: HUMPHRIES, BOB J  
Address: 501 E. KENNEDY BLVD#1700  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BOGGS, E. JACKSON  
Address: 501 E KENNEDY BLVD #1700  
City-St-Zip: TAMPA, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: E. JACKSON BOGGS

SD

04/22/2003

Electronic Signature of Signing Officer or Director

Date