

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90516 032 *****61.25

DOCUMENT # 753784

1. Entity Name

SUN CITY CENTER GUARDIANSHIP FOUNDATION, INC.



Principal Place of Business

**2134 PLATINUM DRIVE
SUN CITY CENTER FL 33573
US**

Mailing Address

**PO BOX 5770
SUN CITY CENTER FL 33571-5770
US**

2. Principal Place of Business

902 River Rapids Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brandon, FL 33511

City & State

Zip

33511

Country

US

Zip

Country

4. FEI Number **59-2032844**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, GEORGE D
2134 PLATINUM DR
SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent

Name

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

902 River Rapids Avenue

City

Brandon

FL

Zip Code

33511

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

George D. Martin

George D. Martin, President

4-24-03

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MARTIN, GEORGE D	
STREET ADDRESS	2134 PLATINUM DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KINZIE, DONALD F	
STREET ADDRESS	320 STONEHAM DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SILK, CHARLES T	
STREET ADDRESS	2105 STERLING GLEN COURT	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MATTHEWS, ROBERT P	
STREET ADDRESS	2202 HOLKHAM PLACE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	902 River Rapids Avenue	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	505-B Foxglove Circle	
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andel, Sandra B.	
STREET ADDRESS	211 Stoneham Drive	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dye, Betty L.	
STREET ADDRESS	604 Deep Lake Lane	
CITY-ST-ZIP	Sun City Center, FL 33573	

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:

George D. Martin

4-24-03

813-654-5757

CR2E037 (10/02)