

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90052 037 ****61.25

DOCUMENT # 763088

1. Entity Name

LIFELINK FOUNDATION, INC.

Principal Place of Business

Mailing Address

409 BAYSHORE BLVD
TAMPA FL 33606

409 BAYSHORE BLVD
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2193032

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

**CAMPBELL, JOHN R.
409 BAYSHORE BLVD
TAMPA FL 33606**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
SHIRES, DANA L. JR.
2111 SWANN AVENUE
TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**409 Bayshore Blvd.
Tampa, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STOCKMAN, JOHN E
601 BAYSHORE BLVD., SUITE 600
TAMPA FL 33606**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAHANA, LAWRENCE, M.D.
2111 SWANN AVENUE
TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**409 Bayshore Blvd.
Tampa, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE QUESADA, ALEJANDO M.
601 BAYSHORE BLVD., SUITE 600
TAMPA FL 33606**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
LOWANCE, DAVID C.
3715 NORTHSIDE PWY 100NC
ATLANTA GA**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEFOR, WILLIAM M., PH.D.
2111 SWANN AVENUE
TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**409 Bayshore Blvd.
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01

813 248 6515

CR2E037 (10/00)