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

## Jan 15, 2003 8:00 am § Secretary of State **DOCUMENT # 763836** 1. Entity Name 01-15-2003 90188 008 \*\*\*\*61.25 SELAMA GROTTO, INC. Principal Place of Business Mailing Address 3000 16 STREET NORTH 3000 16 STREET NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-0440467 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1516 WINCHESTER RD N SAINT PETERSBURG FL 33710 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DS ☐ Delete TITLE Change Addition NAME FLOWERS, EDWARD NAME STREET ADDRESS 3724 26 AV N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33713 CR2E037 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME LIZIUS, FRANK M NAME STREET ADDRESS 1160 75 AVE NORTH STREET ADDRESS CITY-ST-ZIF SAINT PETERSBURG FL-33702 CITY-ST-ZIP-TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIFFITH, HENRY L NAME NAME STREET ADDRESS 5556 81 TERR N STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME Webb, Roger R NAME STREET ADDRESS 6190 62 AV N #16 STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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

CITY-ST-ZIP

SIGNATURE: