

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767377

1. Entity Name

FRANK E. DUCKWALL FOUNDATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90242 019 ****61.25

Principal Place of Business

Mailing Address

101 E KENNEDY BLVD
4TH FLOOR
TAMPA FL 33604
US

PO BOX 3351
TRUST DEPT
TAMPA FL 33631-3813
US

2. Principal Place of Business

442 W KENNEDY Blvd

3. Mailing Address

P.O. Box 3351

Suite, Apt. #, etc.

Suite, Apt. #, etc.

340

City & State

TAMPA FL

City & State

TAMPA FL

Zip

Country

33606 USA

Zip

Country

33601 USA

4. FEI Number

59-6773462

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

RIEF, FRANK J., III
RIEF & STRASKE
442 WEST KENNEDY BLVD., SUITE 340
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 VD ☐ Delete
NAME RIEF, FRANK J., III
STREET ADDRESS 3318 JEAN CIRCLE
CITY-ST-ZIP TAMPA FL

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

TITLE PD ☐ Delete
NAME KELLY, JAMES M.
STREET ADDRESS 3322 VALENCIA RD.
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME MORRISON, G. LOWE
STREET ADDRESS 1515 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL 34236

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

TITLE D ☐ Delete
NAME WILCOX, FORREST S.
STREET ADDRESS 12202 N. 22ND ST. #218
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 813-258-6660

Date

Daytime Phone #

CR2E037 (9/99)