

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90005 035 ****61.25

DOCUMENT # N00000000250

1. Entity Name

PATRICIA SULLIVAN FOUNDATION, INC.



Principal Place of Business

**932 S. GOLF VIEW
TAMPA FL 33629**

Mailing Address

**932 S. GOLF VIEW
TAMPA FL 33629**

00061016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3621790

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

**ANNIS, MICHAEL D
201 N. FRANKLIN ST., STE. 2200
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Michele Vogel**

Street Address (P.O. Box Number is Not Acceptable)
425 North Florida Avenue

City **Tampa**

FL

Zip Code
33602

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/6/01
DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE NAME	PSTD SULLIVAN, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	932 S. GOLF VIEW	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE NAME	D ANNIS, MICHAEL S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3314 MULLEN AVE.	
CITY-ST-ZIP	TAMPA FL 33672	
TITLE NAME	D VOGEL, MICHELE	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 172487 N/A	
CITY-ST-ZIP	TAMPA FL 33672	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D June S. Annis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3314 Mullen Avenue	
CITY-ST-ZIP	Tampa, Florida 33609	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Handwritten Signature] **RE MICHELE VOGEL**

7/20/01 813-277-3105

CR2E037 (5/01)