

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90020 005 ****61.25

0039591

DOCUMENT # N00000001324

1. Entity Name

THE STB FAMILY FOUNDATION, INC.

Principal Place of Business

777 S. HARBOUR ISLAND BLVD
#765
TAMPA FL 33602

Mailing Address

777 S. HARBOUR ISLAND BLVD
#765
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3627428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDEE, BRETT ESQ.
100 S. ASHLEY DRIVE
SUITE 1770
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE **PSTD** ☐ Delete
NAME **BERTRON, STEWART T**
STREET ADDRESS **2502 W. SIMMS**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
NAME **BERTRON, TAMMY B**
STREET ADDRESS **2502 W. SIMMS BLVD.**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **ASD** ☐ Delete
NAME **HENDEE, BRETT**
STREET ADDRESS **100 S. ASHLEY DRIVE SUITE 1770**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: 

4-1-02

CR2E037 (9/01)