

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90322 015 ****61.25

DOCUMENT # N00000003922

1. Entity Name

THE DANIEL AND HELEN SOSSO FAMILY FOUNDATION, INC.

Principal Place of Business
 5541 Gulf of Mexico Drive
 Longboat Key, FL 34228

Mailing Address
 5541 Gulf of Mexico Drive
 Longboat Key, FL 34228

2. Principal Place of Business

609 Lincoln Road
 Suite, Apt. #, etc.

3. Mailing Address

609 Lincoln Road
 Suite, Apt. #, etc.

City & State

Bradford Woods, PA

City & State

Bradford Woods, PA

4. FEI Number

Applied For

Applied For

Not Applicable

Zip

15015

Country

US

Zip

15015

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Sosso, Daniel R.
 5541 Gulf of Mexico Drive
 Longboat Key, FL 34228

7. Name and Address of New Registered Agent

Name Mazzarantani, George H.
Street Address (P.O. Box Number is Not Acceptable) 240 S. Pineapple Avenue
 10th Floor
City Sarasota **FL** **Zip Code** 34236

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.

George H. Mazzarantani, as
 Registered Agent

4/30/01

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	PTD	<input type="checkbox"/> Delete
NAME	Sosso, Daniel R.	
STREET ADDRESS	5541 Gulf of Mexico Drive	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	Sosso, Helen V.	
STREET ADDRESS	5541 Gulf of Mexico Drive	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mazzarantani, George H.	
STREET ADDRESS	240 S. Pineapple Ave, 10th Floor	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	609 Lincoln Road	
CITY-ST-ZIP	Bradford Woods, PA 15015	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	609 Lincoln Road	
CITY-ST-ZIP	Bradford Woods, PA 15015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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.

(941) 366-6660

SIGNATURE:

George H. Mazzarantani, Director 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)