

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004015

FILED  
Apr 12, 2003  
Secretary of State

**Entity Name:** TOWANDA CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

505 SOUTH RIVERHILLS DRIVE  
TEMPLE TERRACE, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

505 SOUTH RIVERHILLS DRIVE  
TEMPLE TERRACE, FL 33613

**New Mailing Address:**

**FEI Number:** 59-3663165

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORDON, BRUCE H  
101 EAST KENNEDY BOULEVARD  
SUITE 2800  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: TILDON, RUTH DIR  
Address: 505 S RIVERHILLS DR  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: DIR ( ) Delete  
Name: VIREN, MICHAEL A DIR  
Address: 505 S RIVERHILLS DR  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: DIR ( ) Delete  
Name: STROZIER, ANNE L DIR  
Address: 505 S RIVERHILLS DR  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. VIREN

DIR

04/12/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date