

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005591

1. Entity Name

LITTLE EVERGLADES STEEPLECHASE FOUNDATION, INC.

**FILED**  
Jul 20, 2001 8:00 am  
Secretary of State

07-20-2001 90003 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

100 E. KENNEDY BLVD.  
SUITE 3925  
TAMPA FL 33602

100 E. KENNEDY BLVD.  
SUITE 3925  
TAMPA FL 33602

2. Principal Place of Business

101 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 3925

City & State

Tampa, FL

Zip

33602

Country

Hillsborough

3. Mailing Address

101 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 3925

City & State

Tampa, FL

Zip

33602

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3671823

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAELS, J. PATRICK JR.

~~100 E. KENNEDY BLVD.~~ 101 E. Kennedy Blvd.

SUITE 3925

TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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 PD  
NAME BLANCHARD, G. ROBERT  
STREET ADDRESS 1414 SWANN AVENUE SUITE 201  
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE STD  
NAME MICHAELS, J. PATRICK JR.  
STREET ADDRESS 100 E. KENNEDY BLVD. SUITE 3925  
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE VPD  
NAME MELTON, MAXWELL D  
STREET ADDRESS 1530 BRADY DRIVE  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE VSD  
NAME THAYER, STELLA  
STREET ADDRESS 400 N. TAMPA STREET SUITE 2300  
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED

CR2E037 (5/01)