

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005591

1. Entity Name

LITTLE EVERGLADES STEEPLECHASE FOUNDATION, INC.

FILED

May 13, 2002 8:00 am
Secretary of State

05-13-2002 90253 016 ****61.25

0039630

960435



DO NOT WRITE IN THIS SPACE

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	3. Mailing Address
101 E. KENNEDY BLVD	101 E. KENNEDY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number	Applied For
59-3671823	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

MICHAELS, J. PATRICK JR.
101 E. KENNEDY BLVD.
SUITE 3925
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	PD	<input type="checkbox"/> Delete
NAME	BLANCHARD, G. ROBERT	
STREET ADDRESS	1414 SWANN AVENUE SUITE 201	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MICHAELS, J. PATRICK JR.	
STREET ADDRESS	100 E. KENNEDY BLVD. SUITE 3925	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MELTON, MAXWELL D	
STREET ADDRESS	1530 BRADY DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	THAYER, STELLA	
STREET ADDRESS	400 N. TAMPA STREET SUITE 2300	
CITY-ST-ZIP	TAMPA FL 33602	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	101 E. KENNEDY BLVD SUITE 3925
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	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

813/226-8844

CR2E037 (9/01)