

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90047 003 ****70.00

DOCUMENT # N00000008172

1. Entity Name

R.J. SANDERS FOUNDATION, INC.



Principal Place of Business

3049 6TH STREET SOUTH
ST. PETERSBURG FL 33705

Mailing Address

3049 6TH STREET SOUTH
ST. PETERSBURG FL 33705

2. Principal Place of Business

2329 N. TAMIAKI TR.

3. Mailing Address

2329 N. TAMIAKI TR.

Suite, Apt. #, etc.

R.J. SANDERS FOUNDATION, INC.

Suite, Apt. #, etc.

R.J. SANDERS FOUNDATION, INC.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34234

Country

U.S.A.

Zip

34234

Country

U.S.A.

4. FEI Number 59-3686622

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C
14010 ROOSEVELT BLVD.
SUITE 708
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name
JOHN J. GULDI, JR.
Street Address (P.O. Box Number is Not Acceptable)
2329 N. TAMIAKI TR.
R.J. SANDERS FOUNDATION, INC.
City
SARASOTA FL Zip Code
34234

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

EXECUTIVE DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SANDERS, ROBERT J	
STREET ADDRESS	3049 6TH ST. S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOLYNEUX, JERRY	
STREET ADDRESS	6117 5TH WEST	
CITY-ST-ZIP	IDAHO FALLS ID	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYER, SUZETTE	
STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 1400	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUTLER, BERTRAM E	
STREET ADDRESS	13575 58TH ST.N. #122	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORRADO, PETER	
STREET ADDRESS	303 BANYAN BLVD. SUITE 401	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S D	<input type="checkbox"/> Delete
NAME	THOMAS B. MACCABE	
STREET ADDRESS	284 SUGAR HILL RD.	
CITY-ST-ZIP	OSPREY, FL 34229	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" 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		
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:

1/7/03 727 895 4288

CR2E037 (10/02)