

**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.



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Principal Place of Business

**3049 6TH STREET SOUTH
ST. PETERSBURG FL 33705**

Mailing Address

**3049 6TH STREET SOUTH
ST. PETERSBURG FL 33705**

NEW ADDRESS



2. Principal Place of Business

2329 N. TAMIAKI TR.

3. Mailing Address

2329 N. TAMIAKI

Suite, Apt. #, etc.

R.J. SANDERS FOUNDATION, INC.

Suite, Apt. #, etc.

R.J. SANDERS FOUNDATION, INC.

CHECK HERE IF MAKING CHANGES

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number **59-3686622**

Applied For
Not Applicable

Zip **34234**

Country **U.S.A.**

Zip **34234**

Country **U.S.A.**

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. GELDI, 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.

John J. Geldi, Jr.
EXECUTIVE DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

1/7/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John J. Geldi, Jr.
SIGNATURE REQUIRED

1/7/03 727 895 4288

CR2E037 (10/02)