

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90087 007 \*\*\*\*70.00

**DOCUMENT # N01000000078**

1. Entity Name

**THE JOHN LYNCH FOUNDATION, INC.**

Principal Place of Business

**101 EAST KENNEDY BOULEVARD, SUITE 2700  
TAMPA FL 33602**

Mailing Address

**POST OFFICE BOX 172247  
TAMPA FL 33672**

**717345**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**POST OFFICE BOX 172247**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, J. ERIC  
101 EAST KENNEDY BOULEVARD, SUITE 2700  
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 **D** ☐ Delete  
NAME **ALLRED, ANN**  
STREET ADDRESS **POST OFFICE BOX 748**  
CITY-ST-ZIP **DEL MAR CA 92014**

TITLE **D** ☐ Delete  
NAME **ALLRED, DOUG**  
STREET ADDRESS **11512 EL CAMINO REAL, SUITE 100**  
CITY-ST-ZIP **SAN DIEGO CA 92130**

TITLE **D** ☐ Delete  
NAME **ALLRED, JOHN**  
STREET ADDRESS **503 KELBURN STREET**  
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE **D** ☐ Delete  
NAME **DUNN, DAVE**  
STREET ADDRESS **POST OFFICE BOX 172536**  
CITY-ST-ZIP **TAMPA FL 33672**

TITLE **D** ☐ Delete  
NAME **EGOSCUE, PETE**  
STREET ADDRESS **12707 HIGH BLUFF DRIVE, SET 150**  
CITY-ST-ZIP **SAN DIEGO CA 92130**

TITLE **D** ☐ Delete  
NAME **LYNCH, JOHN SR.**  
STREET ADDRESS **POST OFFICE BOX 67530**  
CITY-ST-ZIP **RANCHO SANTA FE CA 92067**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **LYNCH, CATHY**  
STREET ADDRESS **POST OFFICE BOX 675308**  
CITY-ST-ZIP **RANCHO SANTA FE, CA 92067**

TITLE **D** ☐ Change ☒ Addition  
NAME **LYNCH, JOHN JR.**  
STREET ADDRESS **POST OFFICE BOX 172536**  
CITY-ST-ZIP **TAMPA, FL 33672**

TITLE **D** ☐ Change ☒ Addition  
NAME **LYNCH, LINDA**  
STREET ADDRESS **POST OFFICE BOX 172536**  
CITY-ST-ZIP **TAMPA, FL 33672**

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

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

TITLE ☐ Change ☐ 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:

*Linda Lynch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/01**

Date

**813-223-4447**

Daytime Phone #

CR2E037 (10/00)