

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000078

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, J. ERIC  
101 EAST KENNEDY BOULEVARD, SUITE 2700  
TAMPA FL 33602

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D, Secretary ☐ Delete  
NAME ALLRED, ANN  
STREET ADDRESS POST OFFICE BOX 748  
CITY-ST-ZIP DEL MAR CA 92014

TITLE D, Cathy Lynch ☐ Change ☒ Addition  
NAME  
STREET ADDRESS PO Box 67530  
CITY-ST-ZIP Rancho Santa Fe, CA 92067

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

TITLE D, Vice President ☐ Change ☒ Addition  
NAME Linda Lynch  
STREET ADDRESS PO Box 172536  
CITY-ST-ZIP Tampa, FL 33672

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

TITLE D, President ☐ Change ☒ Addition  
NAME John Lynch  
STREET ADDRESS PO Box 172536  
CITY-ST-ZIP Tampa, FL 33672

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

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

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

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

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

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:

*Marcie Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exec.

Marcie Hall, Director 1/7/02 813-223-

Date

Daytime Phone # 4447

CR2E037 (9/01)