

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0038374

**DOCUMENT # N01000003834**

1. Entity Name

**CIGAR FAMILY CHARITABLE FOUNDATION, INC.**

04-10-2002 90024 041 \*\*\*\*70.50

Principal Place of Business 2701 16TH STREET TAMPA FL 33605	Mailing Address PO BOX 2030 TAMPA FL 33601
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DO NOT WRITE IN THIS SPACE

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 <b>59-3735324</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**BOGGS, E. JACKSON**  
**501 EAST KENNEDY BLVD SUITE 1700**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, ERIC M</b>	
STREET ADDRESS	<b>2701 16TH STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, ROBERT C</b>	
STREET ADDRESS	<b>2701 16TH STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FUENTE, CARLOS SR</b>	
STREET ADDRESS	<b>2701 16TH STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FUENTE, CARLOS JR</b>	
STREET ADDRESS	<b>2701 16TH STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	
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 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 REQUIRED *[Signature]* 3/26/02 813-248-2124  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)