AMENDED

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

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09-02-2003 90191 029 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001S

DOCUMENT # N01000006085

1. Entity Name

THE FLORIDA VENTURE FORUM FOUNDATION, INC.

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD., SUITE 720 CORAL GABLES FL 33134	2121 PONCE DE LEON BLVD., SUITE 720 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
722 S. Boulevard Tampa, FL 33606	P.O. Box 961 Tampa, FL 33601-0961
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33606 Country: U.S.A.	Zip: 33601-0961 Country: U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: Robin A. Kovaleski

Street Address (P.O. Box Number is Not Acceptable)

722 South Boulevard

City: Tampa **FL** Zip Code: 33606

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: Robin A. Kovaleski 8/27/03
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
After September 10, 2003, min will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VEITCH, DENISE 7775 FLAGLER DRIVE SUITE 700 WEST PALM BEACH FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robin Kovaleski 722 S. Boulevard Tampa, FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECKER, JEANNE A 212 PONCE DE LEON BLVD #720 CORAL GABLES FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Carl Roston Akerman, Senterfitt & Edison, P.A. S.E. 3rd Ave., 28th Floor Miami, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, KIM 200 S BISCAYNE BLVD SUITE 400 MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ravi Ugale Crossbob Ventures One North Clematis St., Suite 510 West Palm Beach, FL 33401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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 Robin A. Kovaleski 8/27/03 (813) 335-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #