

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

0014551

DOCUMENT # **NO1000006096**

1. Entity Name
TANYA B. MILLER FOUNDATION, INC.



FILED
03 SEP 22 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2445 WEST GULF DRIVE
SANIBEL ISLAND FL 33957**

Mailing Address
**2445 WEST GULF DRIVE
SANIBEL ISLAND FL 33957**

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 **65-1143654**

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

**MILLER, TANYA B
2445 WEST GULF DRIVE
SANIBEL ISLAND FL 33957**

Name

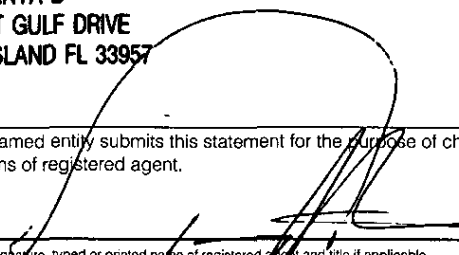
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/8/03**

**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 ☐ Delete
NAME **PTD**
STREET ADDRESS **MILLER, TANYA B**
CITY-ST-ZIP **2445 WEST GULF DRIVE
SANIBEL ISLAND FL 33957**

☐ Change ☐ Addition
300023361253
09/26/03--01066--001 **65.00

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MILLER-BAUER, SARA**
CITY-ST-ZIP **17152 URBANK STREET NE
HAM LAKE MN 55304**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCCAGG, SHELENE M**
CITY-ST-ZIP **15830 E. PRENTICE DRIVE
AURORA CO 80015**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

8/9/23 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 files empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

9/8/03

CR2E037 (4/03)