

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90039 001 ****61.25

DOCUMENT # N02000000698

1. Entity Name

THE STEFF FOUNDATION, INC.



Principal Place of Business

**14175 ICOT BLVD SUITE 100
CLEARWATER FL 33760**

Mailing Address

**14175 ICOT BLVD SUITE 100
CLEARWATER FL 33760**

20017290



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

26-0051590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER FL**

7. Name and Address of New Registered Agent

Name

Robert Inghram

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

14175 ICOT Blvd.

Suite 100

City

CLEARWATER

FL

Zip Code

33760

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 **Robert Inghram -**

(NOTE: Registered Agent signature required when reinstating)

DATE

01/23/03

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, DANIEL	
STREET ADDRESS	14175 ICOT BLVD SUITE 100	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	INGHRAM, ROBERT	
STREET ADDRESS	14175 ICOT BLVD SUITE 100	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT 'NEAL'	
STREET ADDRESS	14175 ICOT BLVD SUITE 100	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRSTEN BLUME	
STREET ADDRESS	14175 ICOT Blvd. Suite 100	
CITY-ST-ZIP	CLEARWATER, FL 33760	
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:

DANIEL JOHNSON

1-10-2003

727-524-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)