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

Apr 14, 2003 8:00 am Secretary of State DOCUMENT # N0200000724 1. Entity Name 04-14-2003 90353 026 ****61.25 A GIFT FOR TEACHING OF TAMPA BAY, INC. Principal Place of Business Mailing Address 15328 WINDING CREEK DR. 15328 WINDING CREEK DR. TAMPA FL 33613 TAMPA FL 33613 2. Principal Place of Business 3. Mailing Address 440 5. Suite, Apt. #, etc. Adamo 4440 E. Samo Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES Suite City & State City & State 4. FEI Number Applied For ampa 30-0028693 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired lls borough Fee Required 6. Name and Address of Curient Registered Agent 7. Name and Address of New Registered Agent LANDWIRTH, GREGORY Street Address (P.O. Box Number is Not Acceptable) 15328 WINDING CREEK DR. **TAMPA FL 33613** City 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** ne of registered agent and title if applicab 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fèes Florida Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition LANDWIRTH, GARY NAME NAME STREET ADDRESS 2006 IVANHOE RD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition LANDWIRTH, HENRI NAME STREET ADDRESS 229 ROYAL TERN RD. NORTH STREET ADDRESS CITY-ST-ZIP PONTE VEDRA FL 32082 CITY-ST-ZIP Delete . TITLE Change Addition LANDWIRTH, GREGORY NAME NAME STREET ADDRESS 15328 WINDING CREEK NORTH STREET ADDRESS CITY-ST-ZIP TAMPA FL 33613 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SEE ATTACHED STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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. of the corporation or the received

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/10/03

FILED

A CIFIFOR Teaching of Tampa Bay, The.

Survey Gord of Directors & Officer January 1, 2008

Michael Bradford Segretar

Attorney at Law

Gray, Harris, Robinson, Sho

201 N. Franklin St., Stille 2200

Tampa, Florida 83

(813) 273-5000

Jean Clements

President

Hillsborough Classroom Teach

4505 N Rome Ave

Tampa: FL 33603

813) 238-7902

Cheri Donohue

President

Temple Terrace Chamber of Commerc

P.O. Box 290133

Temple Terrace, Florida 33687

(813) 989-7004

Shannon Edge

Director of Corporate & Director of Corporate & Director of One Hundred

Greater Tampa Chamber of Co

P. O. Box 420

Tampa, FL 33601

(813) 276-9447

Terri Fleming

Business Development

GLE Associates, line,

3109 W. Marillo Leither (Ang Jr. Blyd)

Tampa FL 33607

(813),2<u>41</u>=83<u>5</u>0

JoAnne Gordon

106 Laurel Tree Way

Brandon, FL 33511

(813):681-2280

Barbara Heineken

Recycling Manager

City of Tampa Solid Waste b

4010 W. Spruce Street

Tampa, FL 33607

(813) 348-1165

President & CEO

POWERHOUSE GONSULTING IN

P.O. Dox 3 Tampa, FL 58694-0748

(313) 969-2

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A Ciff For Teaching Central Florida

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(4:07) 6:57-3:612 📑

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President 🧢 🧖

A Cith For Weathers of Vanya

1440 E-Adamo, Drive, Suite 401; Tampa, Florida 33605

(813) 247-3193

Jeson Moyd Treasurar

Senior Vice President

Sunfrust Banks, Lines

401 E. Jackson Sireer, 20th Floor

Tames. FL 38602

(013) 224-2103 🗼

Cendy Olson

Hillsborough Gounny Schools Board Manbar

901 E. Kannedy Blyc

Vampo, FL*353002 (813) 2772-4000

Chile Polestick Was Gh

Afternay of Law

Gray, Harris, Robinson, Shockleford

201 N. Franklin St., Suite 2200

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(813) 273-5000

Angela Ruth

Excentive Differor Holland & Calphir Foundation

400 N. Ashlay Dr., Suic 2000 Tempa, Florida 20001

(013) 227-6528

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The Tampa Tribune

202 S. Parker Stree

Venge, FL 33606

(313) 259-3051