

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06273

1. Entity Name

ELLIS FOUNDATION, INC.

FILED

00 MAR -9 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~9 HIBISCUS STREET~~  
~~SUITE 1~~  
TARPON SPRINGS FL 34689  
US

POST OFFICE BOX 1879  
TARPON SPRINGS FL 34689-1879  
US

2. Principal Place of Business

26 W. ORANGE ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2471638

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PACE, JOHN F

~~23 E. TARPON AVENUE~~  
TARPON SPRINGS FL 34689

Name

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

26 W. ORANGE ST.

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME GIBSON, STANLEY G JR.  
STREET ADDRESS 3191 EDMOOR DRIVE  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Change ☐ Addition  
NAME 600003178266--1  
STREET ADDRESS -03/21/00--01096--024  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE D ☐ Delete  
NAME MARTIN, PAUL W  
STREET ADDRESS 518 RIVERSIDE DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☐ Delete  
NAME MARTIN, CAROL E  
STREET ADDRESS 518 RIVERSIDE DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME HIMONETOS, MARY  
STREET ADDRESS 625 N LEVIE AVENUE  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1017 WIDEVIEW AVE.  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME HIMONETOS, MARY  
STREET ADDRESS 625 N LEVIE AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1017 WIDEVIEW AVE  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PACE, JOHN F  
STREET ADDRESS 5608 PINNACLE HEIGHTS CIRCLE #303  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9208 BRINLEWOOD DR  
CITY-ST-ZIP ODESSA, FL 33556 KE

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)