

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90088 036 \*\*\*\*\*61.25

**DOCUMENT # N06273**

1. Entity Name

ELLIS FOUNDATION, INC.

Principal Place of Business

26 W. ORANGE ST.  
TARPON SPRINGS FL 34689  
US

Mailing Address

POST OFFICE BOX 1879  
TARPON SPRINGS FL 34688  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2471638**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PACE, JOHN F  
26 W. ORANGE ST.  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name **MARY HIMONETOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**26 W. Orange St.**  
City **Tarpon Springs** FL Zip Code **34689**

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

*MARY HIMONETOS*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/10/01**  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBSON, STANLEY G JR.	
STREET ADDRESS	3191 EDGEWOOD DRIVE	
CITY-STATE-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, PAUL W	
STREET ADDRESS	518 RIVERSIDE DRIVE	
CITY-STATE-ZIP	TARPON SPRINGS FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MARTIN, CAROL E	
STREET ADDRESS	518 RIVERSIDE DRIVE	
CITY-STATE-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HIMONETOS, MARY	
STREET ADDRESS	1017 WIDEVIEW AVE.	
CITY-STATE-ZIP	TARPON SPRINGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HIMONETOS, MARY	
STREET ADDRESS	1017 WIDEVIEW AVE.	
CITY-STATE-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PACE, JOHN F	
STREET ADDRESS	9208 BRINDLEWOOD DR.	
CITY-STATE-ZIP	ODESSA FL 33558	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Thompson	
STREET ADDRESS	26 W. Orange St	
CITY-STATE-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

*MARY HIMONETOS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/30/01 (727) 938-0160**

CR2E037 (10/00)