

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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90326 016 ****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

34 W. Orange St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Zip

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☒ CHECK HERE IF MAKING CHANGES

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

HIMONETOS, MARY
26 W. ORANGE ST.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

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

34 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. 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

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

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

TITLE DEVP
NAME MARTIN, PAUL W
STREET ADDRESS 518 RIVERSIDE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

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

TITLE DST
NAME HIMONETOS, MARY
STREET ADDRESS 1017 WIDEVIEW AVE.
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE DV
NAME THOMPSON, JOHN
STREET ADDRESS 26 W ORANGE ST
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

727-938-0160

Daytime Phone #

CR2E037 (10/02)