

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90034 034 *****70.00

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DOCUMENT # N13753

1. Entity Name

THE GORRIE FOUNDATION, A FLORIDA NOT FOR PROFIT CORPORATION



Principal Place of Business

C/O FOSTER, SUSAN
705 DELEON ST., GORRIE ELEMENTARY SCHOOL
TAMPA FL 33606
US

Mailing Address

C/O FOSTER, SUSAN
705 DELEON ST., GORRIE ELEMENTARY SCHOOL
TAMPA FL 33606
US

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 **59-2852349**

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

FOSTER, SUSAN
705 DELEON STREET
GORRIE ELEMENTARY SCHOOL
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan H. Foster

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

29 April 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, CHRISTOPHER A	
STREET ADDRESS	404 E DAVIS BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROWE, LINDA	
STREET ADDRESS	705 DELEON STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GILES, JIM	
STREET ADDRESS	566 RHINE AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHAMBERS, BETSY	
STREET ADDRESS	122 ADALIA AVENUE	wrong address →
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	S	<input type="checkbox"/> Delete
NAME	OKUN, ALISON	
STREET ADDRESS	820 S ORLEANS AVE	wrong address →
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, BECKY	
STREET ADDRESS	464 SEVERN AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eliopoulos, Pam	
STREET ADDRESS	1024 Royal Pass Road	
CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Banker, Jan	
STREET ADDRESS	610 Riviera Drive	
CITY-ST-ZIP	Tampa, Florida 33606	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosenthal, Mark	
STREET ADDRESS	205 Chippewa Avenue	
CITY-ST-ZIP	Tampa, Florida 33606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	905 Bayshore Boulevard	
CITY-ST-ZIP	Tampa, Fla. 33606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	543 Riviera Drive	
CITY-ST-ZIP	Tampa, Florida 33606	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kantor, Raven	
STREET ADDRESS	460 W. Davis Boulevard	
CITY-ST-ZIP	Tampa, Florida 33606	

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: *Betsy Chambers* **REQUIRED Betsy Chambers** 4/36/03 813 254-1154

CR2E037 (10/02)