

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90166 003 ****70.00

DOCUMENT # N15254

1. Entity Name

MAKE-A-WISH FOUNDATION OF SARASOTA/TAMPA BAY, IN

Principal Place of Business

4921 BAYSHORE BLVD
 TAMPA FL 33611
 US

Mailing Address

4921 BAYSHORE BLVD
 TAMPA FL 33611-3802
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2719588

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERCE ROBERT ESQ
 1710 E SEVENTH AVE
 ATTORNEY AT LAW
 TAMPA FL 33605

Name **Rocky Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable)

2224 Falkenburg Road
 City **Tampa** FL Zip Code **33619**

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

DATE **4/5/00**

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	TD	<input type="checkbox"/> Delete
NAME	SANTANA, CHARLES	
STREET ADDRESS	5033 W LAUREL STE 110Q	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERCE, ROBERT	
STREET ADDRESS	1710 EAST SEVENTH AVENUE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DE LA GRANA, FRANK	
STREET ADDRESS	1710 E SEVENTH AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DANIEL, MARILYN	
STREET ADDRESS	917 SEDDON COVE WAY	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rocky Rodriguez	
STREET ADDRESS	2224 Falkenburg Rd. Tampa, FL	
CITY-ST-ZIP	33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Lancer	
STREET ADDRESS	55 Beach Road	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/5/00**
 Daytime Phone #

CR2E037 (9/99)