FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am **DOCUMENT # N15254 Secretary of State** 1. Entity Name 02-10-2002 90027 005 ****70.00 MAKE-A-WISH FOUNDATION OF SARASOTA/TAMPA BAY. IN Principal Place of Business Mailing Address W LAUA 4921 BAYSHORE BLVD 4024-DAYSHORE BLVD **TAMPA FL 33611** TAMPA FL 39011-3. Mailing Address 2. Principal Place of Business 5033 33607 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State-59-2719588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) RODRIGUEZ, ROCKY 2224 FALKENBURG RD **TAMPA FL 33619** City Zip Code FL 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State G_{j} OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **Shoft**ange Addition TIÉLE TD ☐ Delete TITLE UD Ed MURANSKI NAME SANTANA, CHARLES NAME 15438 N. FL STREET ADDRESS 5033 W LAUREL STE 110Q STREET ADDRESS CITY-ST-ZIP 33413 CITY-ST-ZIP TAMPA FL 33607 TITLE ☐ Delete Change Addition TITLE RODRIGUEZ, ROCKY NAME STREET ADDRESS 2224 FALKENBURG RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33619** Change Addition TITLE Delete TITLE NAME DE LA GRANA, FRANK NAME STREET ADDRESS 1710 E SEVENTH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 Delete TITLE Change ☐ Addition TITLE LANCER, BARBARA NAME STREET ADDRESS STREET ADDRESS 55 BEACH ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete □ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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. Elorida 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP