

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90150 044 ****70.00

DOCUMENT # N15254

1. Entity Name

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



Principal Place of Business

**5033 W. LAUREL ST
STE #110
TAMPA FL 33607
US**

Mailing Address

**5033 W. LAUREL ST
STE #110
TAMPA FL 33607
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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, ROCKY
2224 FALKENBURG RD
TAMPA FL 33619**

Name **Randy M. Feldman, DDS, MS**

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

1773 W. Fletcher Ave.

City **Tampa** FL Zip Code **33612**

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

President, Board of Directors 1-28-03
(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
NAME **SANTANA, CHARLES**
STREET ADDRESS **5033 W LAUREL STE 110Q**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **PD** Change Addition
NAME **Feldman, Randy M.**
STREET ADDRESS **1773 W. Fletcher Ave.**
CITY-ST-ZIP **Tampa, FL 33612**

TITLE **PD** Delete
NAME **RODRIGUEZ, ROCKY**
STREET ADDRESS **2224 FALKENBURG RD**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **MURANSKY, ED**
STREET ADDRESS **15438 N FLORIDA**
CITY-ST-ZIP **TAMPA FL 33-613Z**

TITLE **TD** Change Addition
NAME **Del Rio, Eddie**
STREET ADDRESS **848 Executive Center Dr. W. #101**
CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE **SD** Delete
NAME **VEE, YERRID**
STREET ADDRESS **5124 SAN JOSE**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **MD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Change Addition
NAME **Basham, Beth**
STREET ADDRESS **934 Golf View St.**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Change Addition
NAME **Sunderland, Charlotte**
STREET ADDRESS **5908 Breckenridge Parkway**
CITY-ST-ZIP **Tampa, FL 33610**

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]* **Randy M. Feldman, DDS, MS** 1-28-03 813-288-2600

CR2E037 (10/02)