

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16614

1. Entity Name

THE LONG CENTER FOUNDATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90119 018 ****61.25

Principal Place of Business

Mailing Address

1501 N. BELCHER ROAD, STE. 224
CLEARWATER FL 34625-8302

1501 N. BELCHER ROAD, STE. 224
CLEARWATER FL 33765-1339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2702966

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESLER, ROBB
1501 N. BELCHER RD.
STE. 224
CLEARWATER FL 34625

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	BOUCHARD, RICHARD E.	
STREET ADDRESS	101 STARCREST DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CT	<input type="checkbox"/> Delete
NAME	TRACY, JAN H	
STREET ADDRESS	1006 WINDHAM WAY	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, KEVIN J	
STREET ADDRESS	1251 PINEHURST ROAD, STE. 111	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, DANIEL C.	
STREET ADDRESS	2494 BAYSHORE BLVD.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DD	<input type="checkbox"/> Delete
NAME	RESLER, ROBIN	
STREET ADDRESS	1501 N. BLECHER RD., STE. 224	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Callan	
STREET ADDRESS	1000 Pinellas St.	
CITY-ST-ZIP	Clearwater FL 33756-3433	
TITLE	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur W. "Bill" Frederick	
STREET ADDRESS	707 Franklin Street Mall	
CITY-ST-ZIP	Tampa FL 33602	
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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)