2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
02-09-2000 90087 039 ****70.00

DOCUMENT # N16713

1. Entity Name

GUARDIAN AD LITEM GUILD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2694 TAMPA FL 33601	P.O. BOX 2694 TAMPA FL 33601-2694

DO NOT WRITE IN THIS SPACE

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 59-2737702 ☐ Applied For ☐ Not Applic.

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
GUNN, JILL M 4902 W SAN NICHOLAS ST TAMPA FL 33629	Name: ANITA SANCHEZ Street Address (P.O. Box Number is Not Acceptable): 4003 S. MANHATTAN AVE City: TAMPA FL Zip Code: 33611

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: X Anita Sanch ANITA SANCHEZ 2-1-2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, HAL 102 W. WHITING ST #600 TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D ANITA SANCHEZ 4003 S. MANHATTAN AVE TAMPA, FL 33611	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUAREZ, MICHAEL 3314 SIERRA CIR TAMPA FL 33629	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JASON SALGADO 605. S. BOULEVARD TAMPA, FL 33606	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT GUNN, JILL 4902 W ST NICHOLAS ST TAMPA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RICHARD FUEYO (S,D) 220 S. FRANKLIN ST TAMPA, FL 33602	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHENEY, ANDRA 4817 S SUNSET BLVD TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change

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: X Anita Sanchez Anita Sanchez 2-1-2000 (813)835-4591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #