

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22686

1. Entity Name

SIERRA FOUNDATION, INC.

Principal Place of Business

15436 N. FLORIDA AVENUE
TAMPA FL 33613

Mailing Address

15436 N. FLORIDA AVENUE
TAMPA FL 33613

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2846736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIERRA, J. ROBERT
15436 N. FLORIDA AVENUE, S-101
TAMPA FL 33613

7. Name and Address of New Registered Agent

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

TITLE PD
NAME SIERRA, J. ROBERT ☐ Delete
STREET ADDRESS 16201 VILLARREAL DE AVILA
CITY-ST-ZIP TAMPA FL 33613

TITLE VD
NAME SIERRA, MARY ☐ Delete
STREET ADDRESS 16201 VILLARREAL DR AVILA
CITY-ST-ZIP TAMPA FL

TITLE STD
NAME GRAY, THOMAS H. ☐ Delete
STREET ADDRESS 4308 DEEPWATER LANE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

3/6/02
Date

813-963-5456
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)