FILED

Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90129 012 ****70.00

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

DOCUMENT # N28656 1. Entity Name

SEEK! THE DAVIS FOUNDATION! SOCIETY FOR THE ENRI



CHMENT AND EDUCATION OF KIDS, INC. Principal Place of Business Mailing Address 18538 U.S. HIGHWAY 19 N. 18538 U.S. HIGHWAY 19 N. CLEARWATER FL 33764 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2910369 Applied For Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANTHAM, WALTER L Street Address (P.O. Box Number is Not Acceptable) 18167 U.S. HIGHWAY 19 NORTH STE. 310° **CLEARWATER FL 33764** City Zip Code 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, 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE ☐ Change NAME MARTINO, LEE ☐ Addition NAME STREET ADDRESS 1087 MARCO DR. NE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33702 CR2E037 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME GRANTHAM, WALTER L ☐ Addition NAME STREET ADDRESS 18167 U.S. HIGHWAY 19 NORTH, STE. 310 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33764 CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME DAVIS, DONN ☐ Addition STREET ADDRESS 654 100TH AVENUE N., BLDG. 8, UNIT 103 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33702 CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Сhалде ☐ Addition

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 true ee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS