

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N33185**

1. Entity Name

ASTHMA & ALLERGY FOUNDATION OF AMERICA, FLORIDA**FILED**
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90082 017 ****61.25

B0005734

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**11700 N 58TH ST
STE J
TAMPA FL 33617
US****11700 N 58TH ST
STE J
TAMPA FL 33617-1666
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2695804

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

**MATTI, LEO B.
11700 N 58TH ST
STE J
TAMPA FL 33617**

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	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, JAKE	
STREET ADDRESS	5045 CAMBERLEY LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTTO, KARIN PH.D.	
STREET ADDRESS	4002 EAGLE NEST DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	M	<input type="checkbox"/> Delete
NAME	MATTI, LEO B	
STREET ADDRESS	15701 BOVINE PL	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARDY, IV G	
STREET ADDRESS	109 N BRUSH STREET SUTE 300	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EILLIS, KATHLEEN C ARNP	
STREET ADDRESS	4739 SKINNER WAY S	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAUD, RONDA	
STREET ADDRESS	2206 GREEN OAKS	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2206 Green Oaks Lane	
CITY-ST-ZIP	Tampa FL 33612	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)