

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 03, 2001 08:00 AM****Secretary of State****DOCUMENT # N33185****1. Entity Name****ASTHMA & ALLERGY FOUNDATION OF AMERICA, FLORIDA CHAPTE  
R, INC.****Principal Place of Business**

11700 N 58TH ST

STE J

TAMPA

33617

US

FL

**Mailing Address**

11700 N 58TH ST

STE J

TAMPA

33617

US

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-2695804**

Applied For

Not Applicable

**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

33617

US

FL

Name

MATTI LEO B

Street Address (P.O. Box Number is Not Acceptable)

11700 N 58TH ST

STE J

City

TAMPA

FL

Zip Code  
33617**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 **LEO B. MATTI****01/03/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	MICHAUD RONDA	2206 GREEN OAK LN	FL 33612				
TD	HARDY IV G	109 N BRUSH STREET SUITE 300	FL				
M	MATTI LEO B	15701 BOVINE PL	FL 33624				
VD	OTTO KARIN PH.D.	4002 EAGLE NEST DR	FL 33594				
PD	TAYLOR JAKE	5045 CAMBERLEY LANE	FL 34677				

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LEO B. MATTI**

M

01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)