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

## **DOCUMENT # N35049**

1. Entity Name

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LUTHER VILLAGE OF TAMPA BAY, INCORPORATED Mailing Address Principal Place of Business 12701 N FLORIDA AVE 12701 N FLORIDA AVE TAMPA FL 33612 TAMPA FL 33612 HS US 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For FEI Number 59-3005474 City & State City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name ~-> Street Address (P.O. Box Number is Not Acceptable) GRANTHAM, RANDALL C. ESQ. 1519 DALE MABRY HIGHWAY SUITE 100 **LUTZ FL 33549** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Florida Department of State FILE NOW: FEE IS \$61.25 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 20/01/ (10/05) ☐ Addition 10. Change TITLE ☐ Delete Robbins, Cynthia TITLE NAME ROBBINS, CYNTHIA S NAME 4431 Avenue Cannes STREET ADDRESS 4431 AVENUE CANNES STREET ADDRESS Eutz, FL 33558 CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME GRAVEN, STANLEY NAME STREET ADDRESS 14930 LAKE FOREST DR STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33559** CITY-ST-ZIP Change . . . Addition . President -TITLE .-... 🔲 . Delete ... TITLE NAME GROSZ, PATRICIA PH.D Grosz, Patricia PHD NAME STREET ADDRESS 9330 FOREST HILLS DRIVE 9330 Forest HIlls Drive STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33612** CITY-ST-ZIP ☐ Addition N Change TITLE ☐ Delete TITLE Ehlke, Sandy NAME EHLKE, SANDY NAME 7116 N Habana Avenue STREET ADDRESS 14802 N. FORIDA AVE., APT. 1-131 STREET ADDRESS CITY-ST-ZIP Tampa, FL 33614 CITY-ST-ZIP **TAMPA FL 33613** Vice-President ☐ Change Addition TITLE Delete TITLE Wise, Janet NAME SOLOMSON, LARRY P PH.D. 1416 Hounds Hollow Court NAME STREET ADDRESS 912 W. LUTZ LAKE FERN ROAD STREET ADDRESS Lutz, FL 33549 CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME EWANOSKI, STANLEY J PH.D. NAME STREET ADDRESS 11513 RAVINE ROAD STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33612** 

12. Thereby 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.

CICALATURE

/11/03 (\$13) 356-/632,
Davine Phone #

FILED Feb 13, 2003 8:00 am Secretary of State

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