

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90014 047 \*\*\*\*61.25

**DOCUMENT # N36924**

1. Entity Name

**THE IRONMAN FOUNDATION, INC.**

Principal Place of Business

**43309 US HWY 19 N POB 1608  
TARPON SPRINGS FL 34689  
US**

Mailing Address

**43309 US HWY 19 N POB 1608  
TARPON SPRINGS FL 34688-8608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2990524**

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

**FRIEDLAND, LEW  
43309 US HWY 19 N  
TARPON SPRINGS FL 34689**

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 ☐ Delete  
NAME **ST FRIEDLAND, LEW**  
STREET ADDRESS **43309 US HWY 19 N**  
CITY-ST-ZIP **TARPON SPRINGS FL**

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

TITLE ☐ Delete  
NAME **D MCCARY, PAT**  
STREET ADDRESS **43309 US HWY 19 N**  
CITY-ST-ZIP **TARPON SPRINGS FL**

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

TITLE ☐ Delete  
NAME **DP LAIRD, BOB**  
STREET ADDRESS **43309 US HWY 19 N**  
CITY-ST-ZIP **TARPON SPRINGS FL**

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

TITLE ☐ Delete  
NAME **D ACKLES, SHARRON**  
STREET ADDRESS **75-170 HUALALAI RD**  
CITY-ST-ZIP **KAILUA-KONA HI**

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

TITLE ☐ Delete  
NAME **DV ROTT, GERRY**  
STREET ADDRESS **43309 US HWY 19 N**  
CITY-ST-ZIP **TARPON SPGS FL**

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

TITLE ☐ Delete  
NAME **D FOTH, STEVEN**  
STREET ADDRESS **43309 U.S. HIGHWAY 19 NORTH**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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**

**LEW FRIEDLAND** 4/23/01 727-942-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)