

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

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90068 033 \*\*\*\*61.25

DOCUMENT # *N43819*

1. Entity Name

*LIFE CYCLES GUARDIANSHIP FOUNDATION, Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*8910 N. DALE MABRY*

Suite, Apt. #, etc.

*SUITE 23*

City & State

*Tampa, FL*

Zip

*33614*

Country

*HILLSBOROUGH*

3. Mailing Address

*8910 N. DALE MABRY*

Suite, Apt. #, etc.

*SUITE 23*

City & State

*Tampa FL*

Zip

*33614*

Country

*HILLSBOROUGH*

DO NOT WRITE IN THIS SPACE

4. FEI Number

*59-3070763*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Timothy G. Hayes, Esq.*

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

*21859 STATE ROAD 54*

*SUITE 200*

City

*Lutz*

**FL**

Zip Code

*33549*

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25  
Initial or Amended UBR**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D Hayes, Timothy G.  
21859 STATE ROAD 54, STE 200  
LUTZ, FLORIDA 33549*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D Tuttle, Joanne Wallace  
8910 N. DALE MABRY, Ste 23  
Tampa, FL 33614*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D Tremper, Maria C.  
4636 Glenside Circle  
Tampa, FL 33624*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D CRAFT, JOANNE T.  
2251 Union ST  
West Palm Beach, FL 33411*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joanne Wallace Tuttle, Director*

*Director*

*3/22/02*