2000 UNIFORM BUSINESS REPORT (UBR)

R. Tee Waits JPresident and CEO

FILED DOCUMENT # N47114 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name THE GOODWILL SUNCOAST FOUNDATION, INC. 04-19-2000 90025 017 ****70.00 Principal Place of Business Mailing Address 10596 GANDY BLVD PO BOX 14456 ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33733-4456 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3104116 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) WAITS, R. LEE 10596 GANDY BOULEVARD ST. PETERSBURG FL 33702 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 Fiorida. 4/10/00 R. Lee Waits, President and CEO Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CT ☐ Change TITLE ☐ Delete TITLE Donaho, Barbara WAITS, R. LEE NAME NAME STREET ADDRESS STREET ADDRESS 10596 GANDY BLVD 762 Live Oak Terrace N.E. CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33703-3163 ST. PETERSBURG FL 33702 Addition ☐ Change TITLE Delete TITLE Τ NAME SIVER, ROBERT I NAME Ludwig, Richard E. STREET ADDRESS STREET ADDRESS 114 GIRLANDA BLVD NE 702 N. Franklin St. CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33704 Tampa, FL 33602 CT TITLE ☐ Change Addition Delete TITLE NAME VAUGHN, JR., EDWARD M NAME STREET ADDRESS 2825 VALENCIA LANE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 Addition ☐ Delete ☐ Change TITLE MILLS, BLAIR G. NAME NAME STREET ADDRESS STREET ADDRESS 2455 LAKE POINT LANE CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33762 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.