

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90031 009 ****61.25

DOCUMENT # N47635

1. Entity Name

The Andrew Vincent Messina Foundation (Incorporated)

Principal Place of Business

4930 Peregrine Point Way
Sarasota, FL 34231

Mailing Address

4930 Peregrine Point Way
Sarasota, FL 34231

659493

DO NOT WRITE IN THIS SPACE

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 650315465		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

J. Geoffrey Pflugner
2033 Main Street, Suite 600
Sarasota, Florida 34237

7. Name and Address of New Registered Agent

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 \$61.259. 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	President/Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leigh Ann Messina	NAME	
STREET ADDRESS	4930 Peregrine Point Way	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34231	CITY-ST-ZIP	
TITLE	Vice President/Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Niccolai	NAME	
STREET ADDRESS	1741 Oak Lakes Drive	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL	CITY-ST-ZIP	
TITLE	Vice President/Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marian Cox	NAME	
STREET ADDRESS	2495 Browning Street	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL	CITY-ST-ZIP	
TITLE	Secretary <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leteshia Bell	NAME	SECRETARY
STREET ADDRESS	4632 Cronin Drive	STREET ADDRESS	CAROLYN NICCOLAI
CITY-ST-ZIP	Sarasota, FL	STREET ADDRESS	1741 OAK LAKES DRIVE
TITLE	Treasurer <input type="checkbox"/> Delete	TITLE	SARASOTA, FL 34232
NAME	Sherri Calkins	NAME	
STREET ADDRESS	5330 Southerly Way	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL	CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Geoffrey Pflugner	NAME	
STREET ADDRESS	2033 Main Street, #600	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)