

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000995

1. Entity Name

THE STAR THROWER FOUNDATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90046 021 ****61.25

Principal Place of Business

Mailing Address

6830 W. OTTAS CT
CRYSTAL RIVER FL 34428
US

P.O. BOX 2200
CRYSTAL RIVER FL 34423-2200
US

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

59-3157277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COREY, DONNA M
867 NE 5TH STREET
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name JOSEPH G. STRYKOWSKI

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

6830 W. OTTAS CT

City CRYSTAL RIVER FL Zip Code 34428

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

Joseph H. Strykowski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/2000

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

TITLE PD ☐ Delete
NAME STRYKOWSKI, JOSEPH G
STREET ADDRESS 6830 W OTTAS CT
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE VD ☐ Delete
NAME BONEM, RENA M
STREET ADDRESS 4121 GORMAN
CITY-ST-ZIP WACO TX 76710

TITLE STD ☒ Delete
NAME COREY, DONNA S
STREET ADDRESS 421 NW 14TH PL
CITY-ST-ZIP CRYSTAL RIVER FL 34423

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME STD LISA Williams CRAIG
STREET ADDRESS 312 WARREN
CITY-ST-ZIP SAN LEANDRO, CA. 94577

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

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

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:

Joseph H. Strykowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000 (352) 563-0022

Date

Daytime Phone #