

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91459 014 \*\*\*\*\*61.25

**DOCUMENT # N92000000995**

1. Entity Name

**THE STAR THROWER FOUNDATION, INC.**



Principal Place of Business

**6830 W. OTTAS CT  
CRYSTAL RIVER FL 34428  
US**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRYKOWSKI, JOSEPH G  
6830 W. OTTAS CT.  
CRYSTAL RIVER FL 34428**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>STRYKOWSKI, JOSEPH G</b>	
STREET ADDRESS	<b>6830 W OTTAS CT</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BONEM, RENA M</b>	
STREET ADDRESS	<b>4121 GORMAN</b>	
CITY-ST-ZIP	<b>WACO TX 76710</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>CRAIG, LISA W</b>	
STREET ADDRESS	<b>312 WARREN</b>	
CITY-ST-ZIP	<b>SAN LEANDRO CA 94577</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 G. Strykowski* 4/21/03 (352) 523-0012

CR2E037 (10/02)