

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90148 036 \*\*\*\*61.25

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**DOCUMENT # N93000003829**

1. Corporation Name

CORPORAL LARRY SIEGEL FOUNDATION, INC.

Principal Place of Business

8714 HIGHLAND AVE. N.  
TAMPA FL 33604-1333  
US

Mailing Address

8714 HIGHLAND AVE. N.  
TAMPA FL 33604-1333  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/19/1993

4. FEI Number

59-3221323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SIEGEL, LARRY  
8714 HIGHLAND AVE. N.  
TAMPA FL 33604-1333

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME BLAIR, BRIAN  
STREET ADDRESS 7815 NORTH DALE MABRY HIGHWAY  
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☒ DELETE  
NAME GASQUE, BRAD  
STREET ADDRESS 8515 N. BRADDOCK AVENUE  
CITY-ST-ZIP TAMPA FL

TITLE P ☐ DELETE  
NAME SIEGEL, LARRY  
STREET ADDRESS 8714 HIGHLAND AVE., N.  
CITY-ST-ZIP TAMPA FL 33601-1333

TITLE D ☐ DELETE  
NAME TRAINA, ANGELO  
STREET ADDRESS 3426 15TH STREET  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☒ DELETE  
NAME BENJAMIN, LEERONE  
STREET ADDRESS 4410 BOY SCOUT BLVD.  
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME MARY A. SIEGEL  
1.3 STREET ADDRESS 8714 N. HIGHLAND AVE.  
1.4 CITY-ST-ZIP TAMPA, FL 33604

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME RON CALDERONI  
2.3 STREET ADDRESS 9617 FREDRICKSBURG RD.  
2.4 CITY-ST-ZIP TAMPA, FL 33655

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY SIEGEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/99

Date

813-980-6966

813-933-1929

Daytime Phone #

CR2E037 (11/98)