

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003829

1. Entity Name

CORPORAL LARRY SIEGEL FOUNDATION, INC.

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90003 036 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3221323

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Change ☒ Addition  
NAME WILLIAM A. POKORNY  
STREET ADDRESS 5104 LADY ROSE COURT  
CITY-ST-ZIP LUTZ, FL 33549

TITLE D ☐ Delete  
NAME SIEGEL, MARY A  
STREET ADDRESS 8714 N. HIGHLAND AVE.  
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☐ Change ☒ Addition  
NAME ELIZABETH J. POKORNY  
STREET ADDRESS 5104 LADY ROSE COURT  
CITY-ST-ZIP LUTZ, FL 33549

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

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

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

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

TITLE D ☐ Delete  
NAME CALDERONI, RON  
STREET ADDRESS 9617 FREDRICKSBURG RD.  
CITY-ST-ZIP TAMPA FL 33655

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

TITLE ☐ Delete  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE SIEGEL 01/18/02 (813) 933-1929

Date

Daytime Phone #

CR2E037 (9/01)