

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90073 028 ****61.25

DOCUMENT # N93000003829

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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 NAME	D POKORNY, WILLIAM A	<input type="checkbox"/> Delete
STREET ADDRESS	5104 LADY ROSE COURT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	D SIEGEL, MARY A	<input type="checkbox"/> Delete
STREET ADDRESS	8714 N. HIGHLAND AVE.	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE NAME	P SIEGEL, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	8714 HIGHLAND AVE., N.	
CITY-ST-ZIP	TAMPA FL 33601-1333	
TITLE NAME	D POKORNY, ELIZABETH J	<input type="checkbox"/> Delete
STREET ADDRESS	5104 LADY ROSE COURT	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	D CALDERONI, RON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9617 FREDRICKSBURG RD.	
CITY-ST-ZIP	TAMPA FL 33655	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

Larry Siegel

LARRY SIEGEL

01/10/03 (813) 933-1929