

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90056 008 ****61.25

DOCUMENT # N93000005778

1. Entity Name

WALTER AND EDITH LOEBENBERG FAMILY FOUNDATION, I

Principal Place of Business

Mailing Address

6529 CENTRAL AVENUE
 ST. PETERSBURG FL 33710

6529 CENTRAL AVENUE
 ST. PETERSBURG FL 33710-8412

014043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3221301

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

SNYDER, D J
~~100 2ND AVENUE SOUTH~~
~~SUITE 400 NORTH~~
~~ST. PETERSBURG FL 33701~~

Name

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

401 East Jackson Street, Suite 2400

City Tampa

FL

Zip Code
 33602

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:
SEE 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 Delete
 NAME **PD LOEBENBERG, WALTER**
 STREET ADDRESS **6529 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD LOEBENBERG, DAVID**
 STREET ADDRESS **6529 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LOEBENBERG, MICHAEL**
 STREET ADDRESS **6529 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

01/31/00 2275478900