

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90144 048 ****61.25

DOCUMENT # N94000000416

1. Entity Name

JIM RUTLEDGE SARCOMA CANCER RESEARCH FUND, INC.



Principal Place of Business

Mailing Address

**1257 SNELL ISLE BLVD. N.E.
ST PETERSBURG FL 33704
US**

**1257 SNELL ISLE BLVD. N.E.
ST PETERSBURG FL 33704
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 **59-3230168**

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

**RUTLEDGE, J. MARK
1257 SNELL ISLE BLVD. N.E.
ST PETERSBURG FL 33704**

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	PD	<input type="checkbox"/> Delete
NAME	RUTLEDGE, J. MARK	
STREET ADDRESS	1257 SNELL ISLE BLVD N.E.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUTLEDGE, MANDY	
STREET ADDRESS	1257 SNELL ISLE BLVD. N.E.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUTLEDGE, SANDRA	
STREET ADDRESS	2283 HERON CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GODING, CINDY	
STREET ADDRESS	3408 W PALMIRA AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GODING, JON	
STREET ADDRESS	3408 W PALMIRA AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

36-03

127-825-7716

CR2E037 (10/02)