2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FICER OR DIRECTOR

FILED DOCUMENT # **N94000002586** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** HARRIS E. "ZIP" LONG CHARITABLE FOUNDATION, INC. 01-20-2000 90156 035 ****61.25 Principal Place of Business Mailing Address 601 FLORIDA AVE P O BOX 697 CLEARWATER FL 34616 CLEARWATER FL 33757-0697 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3244546 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent -Name - 7 Street Address (P.O. Box Number is Not Acceptable) LONG, SHIRLEY I **601 FLORIDA AVE** CLEARWATER FL 34846 33756 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be В Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change CR2E037 (9/99 ☐ Delete TITLE TITLE LONG, CHARLES W. HURLEY, JOHN F NAME NAME GOI FLORIDA AVE STREET ADDRESS 32 LEEWARD ISLAND STREET ADDRESS CLEARWATER, F-L. 33756 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33757** RESLER, ROBB TITLE VPD ☐ Delete TITLE LONG, SHIRLEY I NAME 150 BELLEVIEW BUD 407 750 LANTANA AVENUE STREET ADDRESS P-O-BOX 697 N/A STREET ADDRESS CLEARWATER FL 33757 BELLEAIR, FL-33756 CLEARWATER, BEACH, FL .. 33767 CITY=ST-ZIP CITY-ST-ZIF LECHNER DERNARD J. Addition TITLE Delete : SCHMIDT, PAUL C NAME P.O. BOX 5178 STREET ADDRESS STREET ADDRESS 207 MIDWAY ISLAND CLEARWATER. FL. 33758 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33767 ☐ Addition TITLE Change TITLE ☐ Delete NAME GUY, EDWARD NAME STREET ADDRESS STREET ADDRESS 1872 DEL ROBLES TERR CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME ARMSTRONG, HAROLD NAME STREET ADDRESS STREET ADDRESS 2372 WETHERINGTON RD CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** ☐ Change ☐ Addition TITLE TITLE ☐ Delete FISHER, FREDERICK E NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 7690 N/A CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33758** 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 receive 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 of the rike sinpowered.

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