

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005420

1. Entity Name

JAMES M. AND DONNA B. SANTO FOUNDATION, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90025 022 \*\*\*\*61.25

Principal Place of Business

800 SOUTH DAKOTA  
APT. 206  
TAMPA FL 33606

Mailing Address

800 SOUTH DAKOTA  
APT. 206  
TAMPA FL 33606-2855

2. Principal Place of Business

3301 Bayshore Blvd.

Suite, Apt. #, etc.

#906

City & State  
Tampa, FL

Zip  
33629

Country

3. Mailing Address

3301 Bayshore Blvd.

Suite, Apt. #, etc.

#906

City & State  
Tampa, FL

Zip  
33629

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3275370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, SAMUEL J  
ONE URBAN CENTRE,  
4830 W. KENNEDY BLVD. SUITE 147  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

600 North Westshore Blvd. Suite 502

City  
Tampa

FL

Zip Code  
33609

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANTO, JAMES M.	
STREET ADDRESS	800 SOUTH DAKOTA, APT 206	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SANTO, DONNA B.	
STREET ADDRESS	800 SOUTH DAKOTA, APT 206	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HENDERSON, SAMUEL J	
STREET ADDRESS	4830 W. KENNEDY BLVD., STE. 147	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3301 Bayshore Blvd. #906	
STREET ADDRESS	Tampa, FL 33629	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3301 Bayshore Blvd. #906	
STREET ADDRESS	Tampa, FL 33629	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 North Westshore Blvd.	
STREET ADDRESS	Suite 502	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

Date

Daytime Phone #

CR2E037 (9/99)