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

FILED
Jul 22, 2002 8:00 am
Secretary of State
07-22-2002 90160 005 ****61.25

DOCUMENT # N94000005420

1. Entity Name

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

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B0130746

2. Principal Place of Business	3. Mailing Address
3301 Bayshore Blvd. #906	3301 Bayshore Blvd.
Suite, Apt. #, etc. #906	Suite, Apt. #, etc. #906
City & State Tampa, FL	City & State Tampa, FL
Zip 33629 Country	Zip 33629 Country

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

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7. Name and Address of Current Registered Agent

Name: Henderson, Samuel J.

Street Address (P.O. Box Number is Not Acceptable): 4301 Anchor Plaza Parkway

Suite 300

City: Tampa **FL** Zip Code: 33634

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: Samuel J. Henderson — June 19, 2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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
NAME	Santo, James M.
STREET ADDRESS	3301 Bayshore Blvd. #906
CITY-ST-ZIP	Tampa FL 33629
TITLE	VPD
NAME	Santo, Donna B.
STREET ADDRESS	3301 Bayshore Blvd. #906
CITY-ST-ZIP	Tampa, FL 33629
TITLE	DS
NAME	Henderson, Samuel J.
STREET ADDRESS	4301 Anchor Plaza Pkwy. #300
CITY-ST-ZIP	Tampa, FL 33634
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: James M. Santo — June 19 2002 (828) 526-4831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #