

# 2000 UNIFORM BUSINESS REPORT (UBR)

0051669

DOCUMENT # N94000006269

1. Entity Name

DANKER-BASHAM FOUNDATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 PM 5: 37

Principal Place of Business 550 N REO ST STE 200 TAMPA FL 33609 US	Mailing Address 550 N REO ST STE 200 TAMPA FL 33609-1036 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2202 North West Shore Boulevard 5th Floor City & State Tampa, Florida Zip 33607	3. Mailing Address 2202 North West Shore Boulevard Suite, Apt. #, etc. 5th Floor City & State Tampa, Florida Country USA
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4. FEI Number 59-3284079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BASHAM, ROBERT D  
550 N REO ST SUITE 204  
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2202 N. West Shore Blvd., 5th Floor  
City Tampa FL Zip Code 33607

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 DATE 4/6/00

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASHAM, ROBERT D 550 N REO ST SUITE 204 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASHAM, BETH E 550 N REO ST SUITE 204 TAMPA FL 33609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANKER, RICHARD O 23400 DOVER RD MIDDLEBURG VA 22117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Bk 4/13
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003219173-3 -04/24/00-01003-004 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, without other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/00 Daytime Phone # 813 622 1205