

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000174

1. Entity Name

R.I.T.A. FOUNDATION INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90093 007 ****70.00

Principal Place of Business

Mailing Address

1515 E. DIANA STREET
 TAMPA FL 33610

1515 E. DIANA STREET
 TAMPA FL 33610-3420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3287065

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAND, SUSAN M
 1515 E. DIANA STREET
 TAMPA FL 33610

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME PD
 STREET ADDRESS HAND, SUSAN M
 1515 E DIANA STREET
 CITY-ST-ZIP TAMPA FL 33610

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME PD
 STREET ADDRESS HAND, MARTIN G
 1515 E. DIANA STREET
 CITY-ST-ZIP TAMPA FL 33610

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DT
 STREET ADDRESS ATHANSON, WILLIAM
 7800 113TH STREET NORTH SUITE 203
 CITY-ST-ZIP SEMINOLE FL

TITLE Change Addition
 NAME D
 STREET ADDRESS Athanson William
 7700 Seminole Blvd # 200
 CITY-ST-ZIP Seminole, Fla. 33772

TITLE Delete
 NAME DS
 STREET ADDRESS LYBARGER, CHRISTINE
 8406 WILLWAY
 CITY-ST-ZIP LAKELAND FL 33809

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS REAUQUE, CHARLIE
 12421 N. FLORIDA AVE. STE. 220
 CITY-ST-ZIP TAMPA FL 33812

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Susan M. Hand SUSAN M. Hand

04/17/00 (813) 238-4636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)