

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004256

1. Entity Name

THE RAPHAEL FOUNDATION, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90115 029 ****61.25

Principal Place of Business

307 S FIELDING
TAMPA FL 33606
US

Mailing Address

307 S FIELDING
TAMPA FL 33606-2224
US

80070330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1470725

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRETT, CHARLES V III
307 S FIELDING
TAMPA FL 33606

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	D	<input type="checkbox"/> Delete
NAME	MURRAY, POLAIRE	
STREET ADDRESS	5225 N HIMES AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, LAURENCE E	
STREET ADDRESS	5225 N HIMES AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETT, CHARLES V III	
STREET ADDRESS	307 S FIELDING	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, CRAIG	
STREET ADDRESS	4035 N RIVERVIEW	
CITY-ST-ZIP	TAMPA FL 48	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sylvia Campbell	
STREET ADDRESS	217 S. Matanzas Av.	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William J. Gill	
STREET ADDRESS	1201 Florasella De Avila	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. G. Alvarez	
STREET ADDRESS	4603 Wishart B1	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fran Curci	
STREET ADDRESS	14707 Croydon Place	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Resnick	
STREET ADDRESS	4407 Charleston Court	
CITY-ST-ZIP	Tampa, FL 33609	
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:

Polairé Murray Polaire Murray, Director

7/25/00

(813) 875-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

037 (1/99)