

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90403 043 \*\*\*\*61.25

**DOCUMENT # N95000004256**

1. Entity Name

**THE RAPHAEL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**307 S FIELDING  
TAMPA FL 33606  
US**

**307 S FIELDING  
TAMPA FL 33606  
US**

**00054507**

2. Principal Place of Business

**5225 N. Himes Ave.**

3. Mailing Address

**5225 N. Himes Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Tampa, FL**

City & State

**Tampa, FL**

4. FEI Number

**31-1470725**

Applied For

Not Applicable

Zip

**33614**

Country

**US**

Zip

**33614**

Country

**US**

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

**-Polaire-D; Murray**

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

**5225 N. Himes Avenue**

City

**Tampa**

**FL**

Zip Code

**33614**

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

*Polaire D. Murray*  
**Polaire D. Murray, Director**

**4/28/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D MURRAY, POLAIRE 5225 N HIMES AVE TAMPA FL 33614</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HIGGINS, LAURENCE E 5225 N HIMES AVE TAMPA FL 33614</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARRETT, CHARLES V III 307 S FIELDING TAMPA FL 33606</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAMPBELL, CRAIG 4035 N RIVERVIEW TAMPA FL 48</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAMPBELL, SYLVIA 217 S MATANZAS AV TAMPA FL 33609</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GILL, WILLIAM J 1201 FLORASELLA DR AVILA TAMPA FL 33613</b> <input type="checkbox"/> Delete

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
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	<b>Deborah Resnick 4407 Charleston Court Tampa, FL 33609</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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, with all other like empowered.

SIGNATURE:

*Polaire D. Murray*  
**Polaire D. Murray**

**Polaire D. Murray**

**4-28-01 (813) 875-4040**

CR2E037 (10/00)

Attachment

D0004307

2001 Uniform Business Report

# N95000004256

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The Raphael Foundation, Inc.

Additional Officers/Directors

11. Additions/changes to Officers and Directors in 10

Title	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Alvarez, Manuel G.		
Street Address	4630 Wishart Blvd.		
City-St-Zip	Tampa FL 33603		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Curci, Fran		
Street Address	14707 Croydon Pl.		
	Tampa, FL 33618		