

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004468

1. Entity Name

CARROLLWOOD BPW FOUNDATION, INC.

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

05-01-2000 90436 008 ****61.25

Principal Place of Business

Mailing Address

C/O ELAINE KAUFMAN
18069 SAILFISH DR.
LUTZ FL 33549

C/O ELAINE KAUFMAN
18069 SAILFISH DR.
LUTZ FL 33549-7771

2. Principal Place of Business

3. Mailing Address

19210 Seamist Lane

19210 Seamist Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LUTZ

LUTZ, FL

Zip

Country

Zip

Country

FL

USA

33549

USA

4. FEI Number

59-3339545

Applied For

Not Applicable

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

KAUFMAN, ELAINE
18069 SAILFISH DR.
LUTZ FL 33549

Name

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

19210 Seamist Lane

City

LUTZ

FL

Zip Code

33549

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

Elaine W. Kaufman

4/20/00

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	PD	<input type="checkbox"/> Delete
NAME	KAUFMAN, ELAINE	
STREET ADDRESS	18069 SAILFISH DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JAMAI, DIANE	
STREET ADDRESS	11706 FOREST HILLS DRIVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PHILLIPS, MICHELE	
STREET ADDRESS	5503 PENTAIL CIRCLE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCALIA, PAT	
STREET ADDRESS	5913 TAYWOOD DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DIRECTOR	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
NAME	DIGIOVANNI, KRIS	
STREET ADDRESS	11920 MIDDLEBURG DRIVE	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	DIRECTOR	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
NAME	DORAN, ARLEEN	
STREET ADDRESS	6243 GREENWICH DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, ELAINE	
STREET ADDRESS	19210 Seamist Lane	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REHFELT, CAROL	
STREET ADDRESS	5202 Rawls Road	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEEP, JOAN	
STREET ADDRESS	15908 ELLSWORTH DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIETRICH, BARBARA	
STREET ADDRESS	309 W. Genesee St.	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TLACHAC, MARY	
STREET ADDRESS	5918 Hammock Woods Drive	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, Eileen	
STREET ADDRESS	1532 Gardner Drive	
CITY-ST-ZIP	LUTZ, FL 33549	

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:

Elaine W. Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 727-815-9649

CR2E037 (9/99)