

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000644

1. Entity Name

MORNING STAR FOUNDATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90086 016 ****70.00

Principal Place of Business

Mailing Address

324 SOUTH HYDE PARK AVENUE
SUITE 230
TAMPA FL 33679

324 SOUTH HYDE PARK AVENUE
SUITE 230
TAMPA FL 33606-4127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3363772

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

LENKER, MARK N JR.
324 SOUTH HYDE PARK AVENUE
SUITE 230
TAMPA FL 33679

Name

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

City

FL

Zip Code

33606

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 D
STREET ADDRESS LENKER, MARK N JR.
CITY-ST-ZIP 324 SOUTH HYDE PARK AVENUE, SUITE 230
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33606

TITLE ☐ Delete
NAME D
STREET ADDRESS VIVERO, JOSE
CITY-ST-ZIP 12233 FLORIDA AVENUE NORTH
TAMPA FL 33612-4213

TITLE ☒ Change ☐ Addition
NAME P.O. Box 17704
STREET ADDRESS TAMPA, FL 33682-7704
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS COUCH, THEODORE J
CITY-ST-ZIP 1717 E FOWLER AVE
TAMPA FL 33612

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Mark N. Lenker Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/00

813-251-5009

CR2E037 (9/99)