## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000001381

City-St-Zip: ST PETERSBURG, FL 33709

Entity Name: MELLECKER - LILLEY FOUNDATION, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
7731 SEMINOLE MALL SEMINOLE, FL 33772 US		SUITE 21	11201 PARK BOULEVARD SUITE 21 SEMINOLE, FL 33772 US			
Current Mailing Address:			New Mailir	New Mailing Address:		
7731 SEMINOLE MALL SEMINOLE, FL 33772 US		SUITE 21	11201 PARK BOULEVARD SUITE 21 SEMINOLE, FL 33772 US			
FEI Number:	59-3398163	FEI Number Applied For ( )	El Number Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
ROOTH, SU 7731 SEMIN SEMINOLE	NOLE MALL	US	11201 PAR SUITE 21	ROOTH, SUSAN A 11201 PARK BOULEVARD N SUITE 21 SEMINOLE, FL 33772 US		
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.						
SIGNATUR	E:			04/30/2002		
	Electron	ic Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () GALLAGHER, L 5400 PARK ST ST PETERSBUI	N, #508	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROOTH, SUSAN 7731 SEMINOL SEMINOLE, FL	E MALL 33772	Title: Name: Address: City-St-Zip:	ROOTH, SUSAN 11201 PARK BO SEMINOLE, FL	DULEVARD N, SUITE 21 33772	
Title: Name:	D () TROST, WILLIA 5400 PARK ST		Title: Name:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SUSAN A. ROOTH DIR 04/30/2002