

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

0041425

DOCUMENT # N96000006358

1. Entity Name

THE GALBRAITH FOUNDATION, INC.

05-05-2002 90283 024 ****61.25

Principal Place of Business

Mailing Address

**ONE BEACH DRIVE STE 1802
 ST PETERSBURG FL 33701**

**ONE BEACH DRIVE STE 1802
 ST PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3418869

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required -



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISHER & SAULS PA
 2ND AVE. SOUTH STE 701
 PETERSBURG FL 33701**

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 NAME	DPT GALBRAITH, JOHN W.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	ONE BEACH DRIVE STE 1802 ST PETERSBURG FL	
TITLE NAME	DVPS GALBRAITH, ROSEMARY P.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	ONE BEACH DRIVE STE 1802 ST PETERSBURG FL	
TITLE NAME	D WATSON, RACHEL L	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2362 GLEN ECHO FARM CHARLOTTESVILLE VA 2911	
TITLE NAME	D GALBRAITH, REBECCA L	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2561 NOVEMBER HILL FARM KESWICK VA 22947	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John W. Galbraith* **REQUIRED** **John W. Galbraith** **4/17/02** **727-823-2578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)