

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90134 006 ****61.25

DOCUMENT # N96000006358

1. Entity Name
THE GALBRAITH FOUNDATION, INC.



Principal Place of Business Mailing Address
ONE BEACH DRIVE STE 1802 **ONE BEACH DRIVE STE 1802**
ST PETERSBURG FL 33701 **ST PETERSBURG FL 33701**

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 **59-3418869** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FISHER & SAULS PA
100 2ND AVE. SOUTH STE 701
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John W. Galbraith* **REQUIRED** *3/28/03* *27-823-2578*

CR2E037 (10/02)