

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005164

1. Entity Name

THE PEOPLE'S PRINCESS CHARITABLE FOUNDATION, INC

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90344 010 ****61.25

Principal Place of Business

Mailing Address

5012 W LEMON ST SUITE A
TAMPA FL 33609

5012 W LEMON ST SUITE A
TAMPA FL 33629-7218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2506 S. MACDILL AVE

2506 S. MACDILL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number

59-3470159

Applied For

Not Applicable

Zip
33629

Country
USA

Zip
33629

Country
USA

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
MIAMI FL 33131

Name

MAUREEN A. RORECH

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

2506 S. MACDILL AVE

SUITE A

City

TAMPA

FL

Zip Code

33629

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

Maureen A. Rorech

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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
DCEO
RORECH, MAUREEN
STREET ADDRESS
5012 W LEMON ST SUITE A
CITY-ST-ZIP
TAMPA FL 33609 ☐ Delete

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

TITLE
NAME
DVP
MOSES, PADDY
STREET ADDRESS
5012 W LEMON ST SUITE A
CITY-ST-ZIP
TAMPA FL 33609 ☐ Delete

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

TITLE
NAME
D
FALLON, KATHLEEN
STREET ADDRESS
5012 W LEMON ST SUITE A
CITY-ST-ZIP
TAMPA FL 33609 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Maureen A. Rorech

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 813.832.9889

Date

Daytime Phone #

CR2E037 (9/99)