

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

FILED
Jun 27, 2003 8:00 am
Secretary of State

5/5/

05-05-2003 91783 037 ****70.00

DOCUMENT # **N97000005164**

1. Entity Name

THE PEOPLE'S PRINCESS CHARITABLE FOUNDATION, INC



Principal Place of Business

**600 S MAGNOLIA
375
TAMPA FL 33606**

Mailing Address

**600 S MAGNOLIA
375
TAMPA FL 33606**

55049342

2. Principal Place of Business

**341 PLANT AVE SO.
Suite, Apt. #, etc.**

3. Mailing Address

**341 PLANT AVE SO.
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

4. FEI Number **59-3470159**

Applied For

Not Applicable

Zip **33606**

Country **USA**

Zip **33606**

Country **USA**

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RORECH, MAUREEN A
2506 S MAC DILL AVE
STE A
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name

341 PLANT AVE SO.

City **TAMPA**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	RORECH, MAUREEN	
STREET ADDRESS	5012 W LEMON ST SUITE A	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MOSES, PADDY	
STREET ADDRESS	5012 W LEMON ST SUITE A	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FALLON, KATHLEEN	
STREET ADDRESS	5012 W LEMON ST SUITE A	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUSTAFSON, LOE	
STREET ADDRESS	341 PLANT AVE. SO	
CITY-ST-ZIP	TAMPA, FLORIDA	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	341 PLANT AVE SO.	
STREET ADDRESS	TAMPA, FLORIDA	
CITY-ST-ZIP	33606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	341 PLANT AVE SO.	
STREET ADDRESS	TAMPA, FLORIDA	
CITY-ST-ZIP	33606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE REQUIRED

04-30-03

813. 291-5401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)