

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90314 037 ****61.25

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1. Entity Name

THE MACDONALD FAMILY FOUNDATION, INC.

Principal Place of Business

8675 HIDDEN RIVER PARKWAY
TAMPA FL 33637

Mailing Address

8675 HIDDEN RIVER PARKWAY
TAMPA FL 33637

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3483945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MACDONALD, JOHN L
8675 HIDDEN RIVER PARKWAY
TAMPA FL 33637

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.

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

TITLE, NAME ☐ Delete
D MACDONALD, JOHN
STREET ADDRESS **8675 HIDDEN RIVER PARKWAY**
CITY-ST-ZIP **TAMPA FL 33637**

TITLE, NAME ☐ Delete
D MACDONALD, DERRY
STREET ADDRESS **8675 HIDDEN RIVER PARKWAY**
CITY-ST-ZIP **TAMPA FL 33637**

TITLE, NAME ☐ Delete
D STOLZBERG, MAXWELL
STREET ADDRESS **199 ROGERS DRIVE**
CITY-ST-ZIP **SCARSDALE NY 10583**

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE, NAME ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)