

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90056 036 \*\*\*\*61.25

**DOCUMENT # N97000006915**

1. Entity Name  
**THE TED AND RAENA GILLETTE FOUNDATION, INC.**

Principal Place of Business      Mailing Address

7360 BRYAN DAIRY RD., SUITE 200      7360 BRYAN DAIRY RD., SUITE 200  
 LARGO FL 33777      LARGO FL 33777

2. Principal Place of Business      3. Mailing Address

**10809 Indian Hills Ct**      **10809 Indian Hills Ct**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**LARGO, FL**      **LARGO FL**

Zip      Country      Zip      Country

**33777**      **FLORIDA**      **33777**      **FLORIDA**

4. FEI Number      Applied For

**59-3481423**       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

**GORDON, BRUCE H ESQ**  
**C/O SHUMAKER, LOOP & KENDRICK LLP**  
**101 EAST KENNEDY BOULEVARD #2800**  
**TAMPA FL 33602**

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 \_\_\_\_\_ 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**  
**After September 13, 2000 min. will be \$236.25**

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	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>GILLETTE, THEODORE N</b>	
STREET ADDRESS	<b>7360 BRYAN DAIRY RD., SUITE 200</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>GILLETTE, RAENA B</b>	
STREET ADDRESS	<b>7360 BRYAN DAIRY RD., SUITE 200</b>	
CITY-ST-ZIP	<b>LARGO FL 33777</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, BRUCE H</b>	
STREET ADDRESS	<b>101 E. KENNEDY BLVD. #2800</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
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: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9/13/00**      Daytime Phone #: **727 293 5324**

CF2E037 (5/00)