

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006988

1. Entity Name

STUART & KELLY LASHER FAMILY FOUNDATION, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90094 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

201 N FRANKLIN ST  
 STE 2650  
 TAMPA FL 33602  
 US

ONE TAMPA CITY CENTER  
 STE 2650  
 TAMPA FL 33602-5815  
 US

2. Principal Place of Business

3. Mailing Address

339 South Plant Avenue

339 South Plant Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

Zip 33606

Country USA

Zip 33606

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3482294

Applied For

Not Applicable

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

LASHER, STUART G  
 ONE TAMPA CITY CENTER #2650  
 TAMPA FL 33607

Name Stuart G. Lasher

Street Address (P.O. Box Number is Not Acceptable)  
 339 South Plant Avenue

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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 D ☐ Delete  
 NAME LASHER, STUART G  
 STREET ADDRESS 201 N FRANKLIN ST STE 2650 1 TPA CITY CNTR  
 CITY-ST-ZIP TAMPA FL 33602

TITLE ☒ Change ☐ Addition  
 NAME Stuart G. Lasher  
 STREET ADDRESS 339 South Plant Avenue  
 CITY-ST-ZIP Tampa, FL 33606

TITLE D ☐ Delete  
 NAME LASHER, KELLY G  
 STREET ADDRESS 201 N FRANKLIN ST #2650 ONE TPA CITY CNTR  
 CITY-ST-ZIP TAMPA FL 33602

TITLE ☒ Change ☐ Addition  
 NAME Kelly G. Lasher  
 STREET ADDRESS 339 South Plant Avenue  
 CITY-ST-ZIP Tampa, FL 33606

TITLE D ☐ Delete  
 NAME SCHIFINO, WILLIAM J JR.  
 STREET ADDRESS ONE TAMPA CITY CENTER  
 CITY-ST-ZIP TAMPA FL 33606

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 11, as changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

813-280-1999

Date

Daytime Phone #

CR2E037 (9/99)