

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90888 023 ****61.25

DOCUMENT # N98000000942

1. Entity Name

SHIRLEY I. LONG CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

601 SOUTH FLORIDA AVENUE
 CLEARWATER FL 33756

150 BELLEVUE BLVD #207
 BELLFAIR FL 33756

150 BELLEVUE BLVD

2. Principal Place of Business

3. Mailing Address

#207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BELLFAIR

City & State

City & State

FL

Zip

Country

Zip

Country

33756

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECHNER, BERNARD
 2039 BRENDA RD
 CLEARWATER FL 33755

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LONG, HARRIS E	
STREET ADDRESS	POST OFFICE BOX 697	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	LONG, SHIRLEY I	
STREET ADDRESS	POST OFFICE BOX 697	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LECHNER, BERNARD J	
STREET ADDRESS	POST OFFICE BOX 5147	
CITY-ST-ZIP	CLEARWATER FL 33758	
TITLE	FISHER, FREDERICK E	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, FREDERICK E.	
STREET ADDRESS	1166 LINDENWOOD DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
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:

Shirley I. Long
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-75-02

727-461-2592

Date

Daytime Phone #

CR2E037 (9/01)