

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90928 010 ****61.25

DOCUMENT # N98000001099

1. Entity Name

DOUGLASS RYAN BLOSSER FOUNDATION, INC.

Principal Place of Business

**800 SOUTH OSPREY AVENUE
SARASOTA FL 34236**

Mailing Address

**800 SOUTH OSPREY AVENUE
SARASOTA FL 34236**

2. Principal Place of Business

8351 Boleyn Road

Suite, Apt. #, etc.

3. Mailing Address

8351 Boleyn Road

Suite, Apt. #, etc.

City & State

Sarasota, FL 34240

City & State

Sarasota, FL 34240

Zip

34240

Country

USA

Zip

34240

Country

USA

4. FEI Number

65-0809500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUPLEE, T R
800 SOUTH OSPREY AVENUE
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Greg Blosser

Street Address (P.O. Box Number is Not Acceptable)

8351 Boleyn Road

City

Sarasota

FL

Zip Code

34240

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	D BLOSSER, BRENT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	800 SOUTH OSPREY AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME	D BLOSSER, GREG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	800 SOUTH OSPREY AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME	D BLOSSER, CINDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	800 SOUTH OSPREY AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME	D BLOSSER, DARRELL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	800 SOUTH OSPREY AVENUE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Blosser, Brent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 50425	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE NAME	Blosser, Greg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 50425	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE NAME	Blosser, Cindy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 50425	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE NAME	Blosser, Darrell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 50425	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/14/2001

Date

(941) 343-9866

Daytime Phone #

CR2E037 (10/00)