

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90366 026 \*\*\*\*\*61.25

**DOCUMENT # N98000001099**

1. Entity Name

**DOUGLASS RYAN BLOSSER FOUNDATION, INC.**



Principal Place of Business

**8351 BOLEYN RD  
SARASOTA FL 34240**

Mailing Address

**8351 BOLEYN RD  
SARASOTA FL 34240**

2. Principal Place of Business

**5525 47th CT. E.**

3. Mailing Address

**P.O. Box 50425**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BRADENTON FL.**

City & State

**SARASOTA, FL**

Zip

**34203**

Country

**U.S.A.**

Zip

**34232**

Country

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

**BLOSSER, GREG  
8351 BOLEYN RD  
SARASOTA FL 34240**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>BLOSSER, BRENT</b>    |                                 |
| STREET ADDRESS | <b>P O BOX 50425</b>     |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL 34232</b> |                                 |
| TITLE          | <b>D</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>BLOSSER, GREG</b>     |                                 |
| STREET ADDRESS | <b>P O BOX 50425</b>     |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL 34232</b> |                                 |
| TITLE          | <b>D</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>BLOSSER, CINDY</b>    |                                 |
| STREET ADDRESS | <b>P O BOX 50425</b>     |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL 34232</b> |                                 |
| TITLE          | <b>D</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>BLOSSER, DARRELL</b>  |                                 |
| STREET ADDRESS | <b>P O BOX 50425</b>     |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL 34232</b> |                                 |
| TITLE          |                          | <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"/> 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    |  |   |
| 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]*

**4/26/03 941-922-9785**

CR2E037 (10/02)