

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001788

1. Entity Name

FOUNDERS SQUARE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90067 030 ****61.25

| Principal Place of Business | Mailing Address |
|---|--|
| 201 N. FRANKLIN STREET SUITE 2100, ONE TAMPA CITY CENTER TAMPA FL 33602 | 201 N. FRANKLIN STREET SUITE 2100, ONE TAMPA CITY CENTER TAMPA FL 33602-5167 |

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3509228

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOLFE, RANDOLPH J
201 N. FRANKLIN STREET
SUITE 2100, ONE TAMPA CITY CENTER
TAMPA FL 33602

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|---------------------------|------------------|---------------------------------|
| | D SULLIVAN, JOHN E | 3601 CINNAMON TRACE DRIVE | VALRICO FL 33594 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------------|---------------------------|------------------|---------------------------------|
| | D SULLIVAN, KATHARINE B | 3601 CINNAMON TRACE DRIVE | VALRICO FL 33594 | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|---------------------------|------------------|---------------------------------|
| | D WOLFE, RANDOLPH J | 3601 CINNAMON TRACE DRIVE | VALRICO FL 33594 | |

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|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |

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

Daytime Phone #

CR2E037 (9/99)