

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000001788**

1. Entity Name  
**FOUNDERS SQUARE, INC.**



**Principal Place of Business**

**201 N. FRANKLIN STREET  
SUITE 2100, ONE TAMPA CITY CENTER  
TAMPA, FL 33602**

**Mailing Address**

**201 N. FRANKLIN STREET  
SUITE 2100, ONE TAMPA CITY CENTER  
TAMPA, FL 33602**



09022004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-3509228**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SULLIVAN, JOHN E  
1206 MILLENNIUM PARKWAY  
BRANDON, FL 33510**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

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

**UD00000171813  
09/08/04-800006-023 61.25**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SULLIVAN, JOHN E</b>
<b>STREET ADDRESS</b>	<b>3601 CINNAMON TRACE DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>VALRICO, FL 33594</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SULLIVAN, KATHARINE B</b>
<b>STREET ADDRESS</b>	<b>3601 CINNAMON TRACE DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>VALRICO, FL 33594</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>WOLFE, RANDOLPH J</b>
<b>STREET ADDRESS</b>	<b>149 BARRINGTON DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>BRANDON, FL 33511</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #