

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007013

1. Entity Name

ROSEMERE FOUNDATION, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90039 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4532 WEST KENNEDY BLVD. #319  
TAMPA FL 33609-2042

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TAMPA FL 33609-2042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3545163

Applied For

Not Applicable

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

BREIT, RICHARD H  
3111 STIRLING ROAD  
FORT LAUDERDALE FL 33312

Name

D. Jay Snyder

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

401 E. Jackson St., Ste. 2400

City

Tampa

FL

Zip Code

33602

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BREIT, R.	
STREET ADDRESS	3111 STIRLING RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DRUM, L.	
STREET ADDRESS	401 E. JACKSON ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLAS, B.	
STREET ADDRESS	401 E. JACKSON ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GLASS, B.	
STREET ADDRESS	401 E. JACKSON ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snyder, D. Jay	
STREET ADDRESS	401 E. Jackson St., Ste. 2400	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hughes, Rhonda	
STREET ADDRESS	401 E. Jackson St., Ste. 2400	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glass, Beth	
STREET ADDRESS	401 E. Jackson St., Ste 2400	
CITY-ST-ZIP	Tampa, FL 33602	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-222-7500

CR2E037 (9/99)