

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007013

1. Entity Name

ROSEMERE FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

4532 WEST KENNEDY BLVD. #319
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

HUNT, CLIFFORD J
401 E JACKSON ST. STE 2400
TAMPA FL 33602

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.

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 PD
NAME SNYDER, JAY D
STREET ADDRESS 401 E JACKSON ST., STE 2400
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE D
NAME HUGHES, RHONDA
STREET ADDRESS 401 E JACKSON ST., STE 2400
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE SD
NAME GLASS, BETH
STREET ADDRESS 401 E JACKSON ST., STE 2400
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE TD
NAME GLASS, B.
STREET ADDRESS 401 E. JACKSON ST
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Hunt, Clifford J
STREET ADDRESS 401 E. Jackson St., Ste 2400
CITY-ST-ZIP Tampa, FL 33602

TITLE D ☒ Change ☐ Addition
NAME Brissenden, Loni
STREET ADDRESS 401 E. Jackson St., Ste 2400
CITY-ST-ZIP Tampa, FL 33602

TITLE SD ☒ Change ☐ Addition
NAME Carter, Beth
STREET ADDRESS 401 E. Jackson St., Ste 2400
CITY-ST-ZIP Tampa, FL 33602

TITLE TD ☒ Change ☐ Addition
NAME Carter, Beth
STREET ADDRESS 401 E. Jackson St., Ste 2400
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Clifford J. Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01
Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)