2007

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

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90029 018 ****61.25

DOCUMENT # N99CC000002 12

1. Entity Name
13 Ugly Men Foundation, Inc

DO NOT WRITE IN THIS SPACE

40095459

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2. Principal Place of Business
901 W. Hillsborough Avenue
City & State: Tampa Fl
Zip: 33603 Country: Hillsborough

3. Mailing Address
Suite, Apt. #, etc.: same
City & State
Zip Country

4. FEI Number: 59-3005715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Richard B Feinberg
Street Address (P.O. Box Number Is Not Acceptable): 306 E Tyler St #200
City: Tampa **FL** Zip Code: 33602-3840

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

FEE IS $61.25 Initial or Amended UBR

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	VD
NAME	Richard B Feinberg
STREET ADDRESS	901 W. Hillsborough
CITY-ST-ZIP	Ave, Tampa Fl 33603
TITLE	D
NAME	Lee Mezrah
STREET ADDRESS	5350 W. Rennedy
CITY-ST-ZIP	Blv, Tampa Fl 33609
TITLE	PD
NAME	Patrick R Smith
STREET ADDRESS	901 W. Hillsborough
CITY-ST-ZIP	Ave, Tampa Fl 33603
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick R Smith 4/23/07 813-404-3905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #