

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90031 006 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                                     |                                                              |                                                                                                                   |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N99000000012</b><br>1. Entity Name<br>13 UGLY MEN FOUNDATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                     |                                                              |                                                                                                                   |                                                                              |
| Principal Place of Business<br>901 W HILLSBOROUGH AVE<br>TAMPA, FL 33603                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                     | Mailing Address<br>901 W HILLSBOROUGH AVE<br>TAMPA, FL 33603 |                                                                                                                   |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                              |                                                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | City & State                                                                        |                                                              | 4. FEI Number<br>59-3605715                                                                                       |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | Country                                                                             |                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>FEINBERG, RICHARD B<br>306 E TYLER STREET, FL. 200<br>TAMPA, FL 33602-3840                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                     |                                                              | 7. Name and Address of New Registered Agent<br><br>Smith, Patrick R.<br>901 W. Hillsborough Ave<br>Tampa FL 33603 |                                                                              |
| 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.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;">           Patrick R Smith<br/> <small>(NOTE: Registered Agent signature required when changing agent)</small> </div> <div style="width: 20%;">           04/03/08<br/> <small>DATE</small> </div> </div> |                                                                           |                                                                                     |                                                              |                                                                                                                   |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                              | <b>\$5.00 May Be Added to Fees</b>                                                                                |                                                                              |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                     |                                                              |                                                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VD<br>FEINBERG, RICHARD B<br>306 E TYLER STREET<br>TAMPA, FL 33602        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | PD<br>Wax, Jonathan<br>100 N. Tampa St #2150<br>Tampa FL 33602                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D<br>MEZRAH, LEE<br>5350 W KENNEDY BLVD<br>TAMPA, FL 33609                | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | VD<br>Dachepalli, Ben<br>415 W. DeLeon St<br>Tampa FL 33606                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PD<br>SMITH, PATRICK R<br>306 W TYLER STREET STE 300 E<br>TAMPA, FL 33602 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | TD<br>Smith, Patrick R.<br>901 W. Hillsborough Ave<br>Tampa FL 33603                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <br><br><br>                                                              | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <br><br><br>                                                                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <br><br><br>                                                              | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <br><br><br>                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <br><br><br>                                                              | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <br><br><br>                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:<br>Patrick R. Smith 4042905<br>04/03/08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                     |                                                              |                                                                                                                   |                                                                              |