

2000 UNIFORM BUSINESS REPORT (UBR)

3/13/11

FILED

Jun 21, 2000 8:00 am
Secretary of State

03-15-2000 90096 027 ****61.25

DOCUMENT # N99000000730

1. Entity Name

TAMPA BAY HERALDS OF HARMONY
CHARITABLE FOUNDATION, INC

Principal Place of Business

Mailing Address

3303 WEST WALLCRAFT AV
TAMPA, FL 33622

2. Principal Place of Business

3303 W. WALLCRAFT

3. Mailing Address

PO BOX 22731

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33622

Country

HILLS

Zip

33622

Country

HILLS

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

JACK R. STARNOLDS ESQ
1370 PINEHURST RD
DUNEDIN, FL 34698

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 \$81.25

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 PRESIDENT & DIRECTOR
NAME WILLIAM FOWLER
STREET ADDRESS TAMPA, FL
CITY-ST-ZIP 3303 WALLCRAFT 33622

TITLE SD SECRETARY & DIRECTOR
NAME SPENCE ALTRY
STREET ADDRESS 1508 W. PALM CR
CITY-ST-ZIP B. VALRICO, FL 33594

TITLE TD TREASURER & DIRECTOR
NAME DONALD LONG
STREET ADDRESS 3921 APPLEGATE CR
CITY-ST-ZIP BRANDON FL 33511

TITLE D DIRECTOR
NAME WYAN BROZOVICH
STREET ADDRESS 4546 GLENBROOK LN
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE
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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:

DONALD LONG, TAMPA

3/9/00 (813) 689-2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)