

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91449 013 ****61.25

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1. Entity Name

TAMPA BAY HERALDS OF HARMONY CHARITABLE FOUNDATION, INC.



Principal Place of Business

**3303 W. WALLCRAFT AVE.
TAMPA FL 33611**

Mailing Address

**P.O. 22731
TAMPA FL 33622**

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 **31-1696779**

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

**ST. ARNOLD, JACK R ESQ.
1370 PINEHURST RD.
DUNEDIN FL 34698**

Name **Timothy B. Perenich, Esquire**

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

3204 Alternate 19

City **Palm Harbor,**

FL

Zip **34683**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **BROZOVICH, WAYNE**
STREET ADDRESS **4546 GLENBROCK LN**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Change ☒ Addition
NAME **EARL NEWTON**
STREET ADDRESS **12401 22ND STREET N. # 4702**
CITY-ST-ZIP **Tampa FL 33612**

TITLE **D** ☐ Delete
NAME **SCALISE, RAY**
STREET ADDRESS **3066 PELICAN PLACE**
CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE **PD** ☐ Delete
NAME **FOWLER, WILLIAM**
STREET ADDRESS **3303 W. WALLCRAFT AVE.**
CITY-ST-ZIP **TAMPA FL 33622**

TITLE **PTD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **AUTRY, SPENCE**
STREET ADDRESS **1508 W. PALM CIR**
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **TD** ☒ Delete
NAME **FOWLER, WILLIAM**
STREET ADDRESS **3303 W. WALL CRAFT AVE.**
CITY-ST-ZIP **TAMPA FL 33622**

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

TITLE **D** ☐ Delete
NAME **GREENFIELD, JACK**
STREET ADDRESS **1988 DUNLOE CIRCLE**
CITY-ST-ZIP **DUNEDIN FL 34698**

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:

A. Spence Autry

3/14/03

813-685-1840

CR2E037 (10/02)