

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000895

1. Entity Name

THE GARY KOCH FOUNDATION, INC.

Principal Place of Business

3320 SAN NICHOLAS
TAMPA FL 33629

Mailing Address

3320 SAN NICHOLAS
TAMPA FL 33629

2. Principal Place of Business

3. Mailing Address

PO Box 272807
Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

Country

33688

4. FEI Number

59-3590781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITTEMORE, DONALD H
400 NORTH TAMPA STREET
SUITE 2630
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name WHITTEMORE, DONALD H

Street Address (P.O. Box Numbers Not Acceptable)

100 NORTH TAMPA ST. SUITE 3600

City TAMPA

FL

Zip Code 33602

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 D
NAME KOCH, GARY D
STREET ADDRESS 3320 SAN NICHOLAS
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

TITLE D
NAME MATTERA, TONY
STREET ADDRESS POST OFFICE BOX 272807
CITY-ST-ZIP TAMPA FL 33688-2807 ☐ Delete

TITLE D
NAME WHITTEMORE, DONALD H
STREET ADDRESS 400 NORTH TAMPA STREET #2630
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 100 NORTH TAMPA ST SUITE 3600
CITY-ST-ZIP TAMPA, FL 33602

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

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 authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TONY A. MATTERA

4/17/01

Date

813
991-5526
Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90009 033 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)