

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000895

FILED
Mar 05, 2002 8:00 AM
Secretary of State

Entity Name: THE GARY KOCH FOUNDATION, INC.

Current Principal Place of Business:

3320 SAN NICHOLAS
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

P O BOX 272807
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-3590781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTEMORE, DONALD H
100 N TAMPA STREET
STE 3600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOCH, GARY D
Address: 3320 SAN NICHOLAS
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: MATTERA, TONY
Address: POST OFFICE BOX 272807
City-St-Zip: TAMPA, FL 336882807

Title: D () Delete
Name: WHITTEMORE, DONALD H
Address: 100 NORTH TAMPA STREET STE 3600
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY A. MATTERA

D

03/05/2002

Electronic Signature of Signing Officer or Director

Date