

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

#61-25
+overage

00 JUN -5 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003137

Entity Name

The Zela Silse Charitable Foundation, Inc.

Principal Place of Business

124 S. Florida Avenue
Lakeland, FL 33801

Mailing Address

124 S. Florida Avenue
Lakeland, FL 33801

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3614727

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

Brian G. Philpot
124 S. Florida Avenue
Lakeland, FL 33801

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME
Zela Silse
STREET ADDRESS
4221 Lake Marianna Drive
CITY-ST-ZIP
Winter Haven, FL 33881

TITLE ☐ Delete

NAME
DV
Zela Silse
STREET ADDRESS
Post Office Box 618
CITY-ST-ZIP

TITLE ☐ Delete

NAME
D
Ander G. Gibbs
STREET ADDRESS
Post Office Box 8229
CITY-ST-ZIP
Lakeland, FL 33526-0618

TITLE ☐ Delete

NAME
DP
Brian G. Philpot
STREET ADDRESS
P.O. Box 8229
CITY-ST-ZIP
Lakeland, FL 33802-8229

TITLE ☐ Delete

NAME
DST
Joseph Tedder
STREET ADDRESS
103 S. Florida Avenue
CITY-ST-ZIP
Lakeland, FL 33801

TITLE ☐ Delete

NAME
Lakeland, FL 33801
STREET ADDRESS
CITY-ST-ZIP

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

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

300003313273-6
-07/05/00-01075-014
****400.00 ****150.00

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00

Date

863-688-7575

Daytime Phone #

CR2E034 (9/99)