

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005674

1. Entity Name

THE EARL N. CHITESTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

2909 BAY TO BAY BLVD., STE. 309  
TAMPA FL 33620

2909 BAY TO BAY BLVD., STE. 309  
TAMPA FL 33629-8176

2. Principal Place of Business

3. Mailing Address

1111 N. Westshore Blvd.

1111 N. Westshore Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 308

Suite 308

City & State

City & State

TAMPA

FL

TAMPA

FL

Zip  
33607

Country  
US

Zip  
33607

Country  
US

6. Name and Address of Current Registered Agent

4. FEI Number

59-3606587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 \$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 ☐ Delete  
NAME D  
STREET ADDRESS CHITESTER, DAVID D  
CITY-ST-ZIP 1111 N. WESTSHORE BLVD., STE. 308  
TAMPA FL 33607

TITLE ☐ Delete  
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CITY-ST-ZIP 1111 N. WESTSHORE BLVD., STE. 308  
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TITLE ☐ Delete  
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MONESSEN PA 15062

TITLE ☐ Delete  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90051 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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