

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 08, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000005674**

1. Entity Name

THE EARL N. CHITESTER FOUNDATION, INC.

Principal Place of Business

1111 N WESTSHORE BLVD  
SUITE 308  
TAMPA  
33620

FL

Mailing Address

1111 N WESTSHORE BLVD  
SUITE 308  
TAMPA  
33620

FL

2. Principal Place of Business

1111 N WESTSHORE BLVD

3. Mailing Address

1111 N WESTSHORE BLVD

Suite, Apt. #, etc.

SUITE 308

Suite, Apt. #, etc.

SUITE 308

City &amp; State

TAMPA

FL

City &amp; State

TAMPA

FL

Zip

33607

Country

Zip

33607

Country

4. FEI Number

**59-3606587**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCNAMARA THOMAS P  
2909 BAY TO BAY BLVD., STE. 309

TAMPA

33620

FL

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 reinstalling)

**01/08/2001**

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	<input type="checkbox"/> Delete
NAME	CHITESTER EARL N	
STREET ADDRESS	432 MOTHERAL AVE.	
CITY-ST-ZIP	MONESSEN PA 15062	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHITESTER KATHLEEN M	
STREET ADDRESS	1111 N. WESTSHORE BLVD., STE. 308	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHITESTER DAVID D	
STREET ADDRESS	1111 N. WESTSHORE BLVD., STE. 308	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHITESTER FULVIA	
STREET ADDRESS	432 MOTHERAL AVE.	
CITY-ST-ZIP	MONESSEN PA 15062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:**

DAVID D. CHITESTER

D

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)