

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005674

FILED  
Apr 23, 2003  
Secretary of State

**Entity Name:** THE EARL N. CHITESTER FOUNDATION, INC.

**Current Principal Place of Business:**

1111 N WESTSHORE BLVD  
SUITE 308  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1111 N WESTSHORE BLVD  
SUITE 308  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-3606587

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD., STE. 309  
TAMPA, FL 33620

**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: CHITESTER, DAVID D  
Address: 1111 N. WESTSHORE BLVD., STE. 308  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: CHITESTER, KATHLEEN M  
Address: 1111 N. WESTSHORE BLVD., STE. 308  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: CHITESTER, FULVIA  
Address: 432 MOTHERAL AVE.  
City-St-Zip: MONESSEN, PA 15062

**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: DAVID D CHITESTER

D

04/23/2003

Electronic Signature of Signing Officer or Director

Date