

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90005 006 ****61.25

DOCUMENT # N99000006370

1. Entity Name

VICKI LYN ROBINSON FOUNDATION, INC.

Principal Place of Business

**401 E JACKSON STREET STE 2400
TAMPA FL 33602**

Mailing Address

**401 E JACKSON STREET STE 2400
TAMPA FL 33602**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3425937

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KLUG, CHARLES
401 E JACKSON STREET STE 2400
TAMPA FL 33602**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSTERMAN, MIKE	
STREET ADDRESS	13810 GOOD LIFE ROAD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLUG, ARTHUR F	
STREET ADDRESS	401 E JACKSON STREET STE 2400	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLUG, DONNA B	
STREET ADDRESS	401 E JACKSON STREET STE 2400	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARLOW, KATHY	
STREET ADDRESS	401 E JACKSON STREET STE 2400	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLUG, THOMAS A	
STREET ADDRESS	401 E JACKSON STREET STE 2400	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLUG, KIRT D	
STREET ADDRESS	401 E JACKSON STREET STE 2400	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLERT, JAMES	
STREET ADDRESS	3121 Egret Terrace	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIPS, EDWIN A.	
STREET ADDRESS	9144 Breland Drive	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, BYRON GIBBS, JR.	
STREET ADDRESS	1700 S. MacDill Avenue	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	D/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLERT, DEBORAH SARTOR	
STREET ADDRESS	8827 Chesterton Place	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BONNIE J.	
STREET ADDRESS	237 Aladena Drive	
CITY-ST-ZIP	Seffner, FL 33584	
TITLE	D/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLUG, CHARLES E	
STREET ADDRESS	401 E. Jackson St., Ste 2400	
CITY-ST-ZIP	Tampa, FL 33602	

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:

Charles E. Klug Jr. **Charles E. Klug Jr.** 5-01-01 (813)222-7500

CR2E037 (10/00)