

2000 UNIFORM BUSINESS REPORT (UBR)

3/3/00-90038-012-\$150.00-\$150.00

DOCUMENT # P99000111784

1. Entity Name

THE FUNDRAISING DEPOT, INC.

Principal Place of Business

328 W BEARSS AVE
TAMPA FL 33613

Mailing Address

328 W BEARSS AVE
TAMPA FL 33613

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 17979

Suite, Apt. #, etc.

City & State

City & State
TAMPA FL

Zip

Country

Zip
33682

Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name B. PETERSON

Street Address (P.O. Box Number is Not Acceptable)
328 W. BEARSS AVE

City TAMPA

FL

Zip Code 33613

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]

BARRY PETERSON

2/14/00

(Signature, typed or printed name of registered agent and use 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[Handwritten: Barry Peterson, 328 W. Bearss Ave, Tampa, FL 33613]

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[Handwritten: President, Director Barry Peterson, 328 W. Bearss Ave, Tampa, FL 33613]

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change ☒ Addition

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SP

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 or other like empowered.

SIGNATURE:

[Signature] BARRY PETERSON

2/14/00

813-962-7264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)