2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2025
Secretary of State
8426971834CC

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Entity Name: USF MANAGEMENT CORPORATION

Current Principal Place of Business:

4202 FOWLER AVE.
ATH-100
TAMPA, FL 33620

Current Mailing Address:

4202 FOWLER AVE.
ATH-100
TAMPA, FL 33620 US

FEI Number: 59-2051855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERARD D. SOLIS
4202 EAST FOWLER AVENUE. CGS 301
TAMPA, FL 33620 US

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

Officer/Director Detail :

Title	PRESIDENT
Name	OSCHER, STEVEN SMR
Address	201 N. FRANKLIN ST. SUITE 3150
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	LAPAN, MIKE
Address	4202 FOWLER AVE. ATH-100
City-State-Zip:	TAMPA FL 33620

Title	DIRECTOR
Name	CLEMENTS, BARRY
Address	4202 FOWLER AVE. ATH-100
City-State-Zip:	TAMPA FL 33620

Title	AUTHORIZED AGENT
Name	LEKO, ASHLEY
Address	4202 FOWLER AVE. ATH-100
City-State-Zip:	TAMPA FL 33620

Title	VP
Name	HAROLD, ASTORQUIZA MR.
Address	8875 HIDDEN RIVER PARKWAY SUITE 115
City-State-Zip:	TAMPA FL 33637

Title	DIRECTOR
Name	LOMBARDI, GINA
Address	4202 FOWLER AVE. ATH-100
City-State-Zip:	TAMPA FL 33620

Title	DIRECTOR
Name	CONDON, JENNIFER
Address	4202 EAST FOWLER AVENUE
City-State-Zip:	TAMPA FL 33620

Title	DIRECTOR
Name	GOLDSTEIN, DAVID
Address	4202 EAST FOWLER AVENUE
City-State-Zip:	TAMPA FL 33620

I hereby 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 all other like empowered.

SIGNATURE: LEKO , ASHLEY AUTHORIZE AGENT 01/10/2025

Electronic Signature of Signing Officer/Director Detail — Date