

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009422

Entity Name: TAMPA BAY EDUCATION FOUNDATION, INC.**Current Principal Place of Business:**635 EICHENFELD DR
BRANDON, FL 33511**Current Mailing Address:**635 EICHENFELD DR
BRANDON, FL 33511**FEI Number:** 20-0891325**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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 | P |
| Name | KHANT, RANCHHOD NM.D. |
| Address | 635 EICHENFELD DR |
| City-State-Zip: | BRANDON FL 33511 |

| | |
|-----------------|------------------------|
| Title | VP |
| Name | TAMBOLI, HOSHEDAR M.D. |
| Address | 635 EICHENFELD DR |
| City-State-Zip: | BRANDON FL 33511 |

| | |
|-----------------|----------------------|
| Title | SD |
| Name | MESTER, STEPHEN M.D. |
| Address | 635 EICHENFELD DR |
| City-State-Zip: | BRANDON FL 33511 |

| | |
|-----------------|------------------------|
| Title | T |
| Name | CHOKSHI, SAURABH KM.D. |
| Address | 635 EICHENFELD DR |
| City-State-Zip: | BRANDON FL 33511 |

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: STEPHEN W MESTER**SECRETARY****02/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date