

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90301 019 \*\*\*\*61.25

DOCUMENT # **N01000008969**

1. Entity Name

**THE R.M. BEALL, SR. CHARITABLE OPERATING FOUNDATION, INC.**

Principal Place of Business <b>1806 38TH AVENUE EAST BRADENTON FL 34208</b>	Mailing Address <b>PO BOX 25207 BRADENTON FL 34206-5207</b>
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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	
Zip	Country	Zip	Country

4. FEI Number <b>59-2951924</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**BLALOCK, ROBERT G  
802 11TH STREET WEST  
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P BEALL, RM II 1806 38TH AVENUE EAST BRADENTON FL 34208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Secretary / Treasurer Patricia Johnson 1806 38th Ave. East Bradenton, FL 34208</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, S, T KNOPIK, STEPHEN M 1806 38TH AVENUE EAST BRADENTON FL 34208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEALL, BEVERLY 1806 38TH AVENUE EAST BRADENTON FL 34208</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP SZYMANSKI, BETTY 6501 17TH AVE WEST APT W405 BRADENTON FL 34209</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALTERS, CLIFF 802 11TH ST WEST BRADENTON FL 34205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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 address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED** **4/23/02** **941 744 4240**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #