

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002705

1. Entity Name  
**THE SALEM FOUNDATION, INC.**

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90036 039 \*\*\*\*61.25

Principal Place of Business <b>SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA FL 33609</b>	Mailing Address <b>SALEM BUILDING, SUITE 100 4600 KENNEDY BOULEVARD TAMPA FL 33609-2520</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3445283</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
**SALEM, ALBERT M JR.  
SALEM BUILDING, SUITE 100  
4600 KENNEDY BOULEVARD  
TAMPA FL 33609**

**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 \_\_\_\_\_  
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALEM, ALBERT M JR.</b> <b>POST OFFICE BOX 18607 N/A</b> <b>TAMPA FL 33679</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALEM, TEDDY H</b> <b>POST OFFICE BOX 18607 N/A</b> <b>TAMPA FL 33679</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALEM, ALBERT M III</b> <b>POST OFFICE BOX 18607 N/A</b> <b>TAMPA FL 33679</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALEM, NANCY E</b> <b>POST OFFICE BOX 18607 N/A</b> <b>TAMPA FL 33679</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALEM, MARY G</b> <b>POST OFFICE BOX 18607 N/A</b> <b>TAMPA FL 33679</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAMPTON, ANNE S</b> <b>POST OFFICE BOX 18607 N/A</b> <b>TAMPA FL 33679</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED Date 4-14-00 Daytime Phone # 813-2863200

CR2E037 (9/99)