

4/10.

FILED
May 03, 2001 8:00 am
Secretary of State

04-10-2001 90015 032 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007160

1. Entity Name

B AND K HUMANITARIAN FOUNDATION, INC.

Principal Place of Business

10806 US HIGHWAY 19
PORT RICHEY FL 34668

Mailing Address

10806 US HIGHWAY 19
PORT RICHEY FL 34668

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3685433

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Haider Khan

Street Address (P.O. Box Number is Not Acceptable)

10806 US 19, Ste 102

City

Port Richey

FL

Zip Code

34668

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 re-registering)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME KHAN, HAIDER A MD
 STREET ADDRESS 10806 US HIGHWAY 19
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME KHAN, NAZEER MD
 STREET ADDRESS 10806 US HIGHWAY 19
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD ☐ Delete
 NAME BROWNING, COURTNEY
 STREET ADDRESS 10806 US HIGHWAY 19
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME D. BIGelow, Jeff
 STREET ADDRESS 10806 US 19 Ste 102
 CITY-ST-ZIP Port Richey, FL 34668

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Jeff Bigelow* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-01

Date

727 868 8373

Daytime Phone #

CR2E037 (10/00)