

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002705

1. Entity Name

THE SALEM FOUNDATION, INC.

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90066 018 \*\*\*\*61.25

www/03

Principal Place of Business Mailing Address  
SALEM BUILDING, SUITE 100 SALEM BUILDING, SUITE 100  
4600 KENNEDY BOULEVARD 4600 KENNEDY BOULEVARD  
TAMPA FL 33609 TAMPA FL 33609



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 59-3445283 Applied For  
Not Applicable

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME SALEM, ALBERT M JR.  
STREET ADDRESS POST OFFICE BOX 18607 N/A  
CITY-ST-ZIP TAMPA FL 33679  
TITLE D ☐ Delete  
NAME SALEM, TEDDY H  
STREET ADDRESS POST OFFICE BOX 18607 N/A  
CITY-ST-ZIP TAMPA FL 33679  
TITLE D ☐ Delete  
NAME SALEM, ALBERT M III  
STREET ADDRESS POST OFFICE BOX 18607 N/A  
CITY-ST-ZIP TAMPA FL 33679  
TITLE D ☐ Delete  
NAME SALEM, NANCY E  
STREET ADDRESS POST OFFICE BOX 18607 N/A  
CITY-ST-ZIP TAMPA FL 33679  
TITLE D ☐ Delete  
NAME SALEM, MARY G  
STREET ADDRESS POST OFFICE BOX 18607 N/A  
CITY-ST-ZIP TAMPA FL 33679  
TITLE D ☐ Delete  
NAME HAMPTON, ANNE S  
STREET ADDRESS POST OFFICE BOX 18607 N/A  
CITY-ST-ZIP TAMPA FL 33679

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

8132863000

Daytime Phone #

CR2E037 (9/01)