

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 700828**

1. Entity Name

**THE YASME FOUNDATION INC**

Principal Place of Business

**P.O. BOX 2025  
CASTRO VALLEY CA 94546**

Mailing Address

**P.O. BOX 2025  
CASTRO VALLEY CA 94546**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**94-1628934**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITE, JAMES A  
3527 KING GEORGE LANE  
SEFFNER FL 33584**

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	PD	<input type="checkbox"/> Delete
NAME	MILLS, WAYNE	
STREET ADDRESS	2045 S. PARK RANCH RD.	
CITY-ST-ZIP	JACKSON WY	

TITLE	SD	<input type="checkbox"/> Delete
NAME	VALLIO, ROBERT B.	
STREET ADDRESS	18655 SHEFFIELD RD.	
CITY-ST-ZIP	CASTRO VALLEY CA	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MCHENRY, CHARLES E.	
STREET ADDRESS	1612 VIA ESCONDIDO	
CITY-ST-ZIP	SAN LORENZO CA	

TITLE	VD	<input type="checkbox"/> Delete
NAME	EPPS, CHARLES K	
STREET ADDRESS	1551 HANDLEY TRAIL	
CITY-ST-ZIP	REDWOOD CITY CA	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**CHARLES E MCHENRY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/29/02 (510) 276-7273**

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)